



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

APR 14 1982

Jeffrey Simpson, Envir. Eng.
Safety Kleen Corp. 5-034-05
655 Big Timber Road
Elgin, Illinois 60120

RE: Interim Status Acknowledgement USEPA ID No. ILD000665851
FACILITY NAME: Safety Kleen Corp. 5-034-05

Dear Mr. Simpson:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

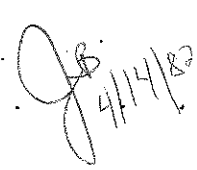
As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Allan A. Manteuffel, Vice President - Technical Services
Sheldon F. Simborg, Agent & Beneficiary of Trust #38921



EPA ID NUMBER

ILD000665851

SAFETY KLEEN CORP ELGIN IL

AMERICAN NATIONAL BANK AS TRUSTEE

9631 W 19TH PL
MOKENA

IL 60448

DESIGN CAPACITY

UNIT OF MEASURE

S01

2000

G

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
<hr/>				
STORAGE:				
<hr/>				
CONTAINER	S01	G or L	GALLONS	G
TANK	S02	G or L	LITERS	L
WASTE PILE	S03	Y or C	CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G or L	CUBIC METERS	C
DISPOSAL:			GALLONS PER DAY	U
<hr/>				
INJECTION WELL	D79	G,L,U, or V	LITERS PER DAY	V
LANDFILL	D80	A or F	TONS PER HOUR	D
LAND APPLICATION	D81	B or Q	METRIC TONS/HOUR	W
OCEAN DISPOSAL	D82	U or V	GALLONS/HOUR	E
SURFACE IMPOUNDMENT	D83	G or L	LITERS/HOUR	H
TREATMENT:			ACRE-FEET	A
<hr/>				
TANK	T01	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	T02	U or V	ACRES	B
INCINERATOR	T03	D,W,E, or H	HECTARES	Q
OTHER	T04	U,V,J,R,N, or S	POUNDS/HOUR	J
			KILOGRAMS/HOUR	R
			TONS PER DAY	N
			METRIC TONS/DAY	S

FACILITY NAME

SAFETY KLEEN CORPORATION 5-034-05

EPA ID NUMBER

ILD000665851

FACILITY OPERATOR

SAFETY KLEEN CORPORATION IL ELGIN IL

FACILITY OWNER

SAFETY KLEEN CORP ELGIN IL AMERICAN NATIONAL BANK AS TRUSTEE

FACILITY LOCATION

9631 W 194TH PL
MOKENA

IL 60448

PROCESS CODE

S01

DESIGN CAPACITY

2000.00000

UNIT OF MEASURE

G

*****KEY*****

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE
STORAGE:				
CONTAINER	S01	G OR L	* GALLONS	G
TANK	S02	G OR L	* LITERS	L
WASTE PILE	S03	Y OR C	* CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G OR L	* CUBIC METERS	C
DISPOSAL:				
INJECTION WELL	D79	G, L, U, OR V	* GALLONS PER DAY	U
LANDFILL	D80	A OR F	* LITERS PER DAY	V
LAND APPLICATION	D81	B OR G	* TONS PER HOUR	D
OCEAN DISPOSAL	D82	U OR V	* METRIC TONS\HOUR	W
SURFACE IMPOUNDMENT	D83	G OR L	* GALLONS\HOUR	E
TREATMENT:				
TANK	T01	U OR V	* LITERS\HOUR	H
SURFACE IMPOUNDMENT	T02	U OR V	* ACRE-FEET	A
INCINERATOR	T03	D, W, E, OR H	* HECTARE-METER	F
OTHER	T04	J, R, N, S, U, V	* ACRES	B
			* HECTARES	Q
			* POUNDS\HOUR	J
			* KILOGRAMS\HOUR	R
			* TONS PER DAY	N
			* METRIC TONS\DAY	S

For EPA Regional Use Only Date Received Month Day Year <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	 United States Environmental Protection Agency Washington, DC 20460 <h1 style="margin: 10px 0;">Hazardous Waste Permit Application</h1> <h2 style="margin: 0;">Part A</h2> <p style="font-size: small;">(Read the Instructions before starting)</p>	For State Use Only <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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RECEIVED
 WMD RECORD CENTER
 JUL 20 1994

I. ID Number(s)		
A. EPA ID Number ILD0000665851	B. Secondary ID Number (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
II. Name of Facility		
SAFETY - KLEEN CORP. (5-034-015)		
III. Facility Location (Physical address not P.O. Box or Route Number)		
A. Street		
9631 W 194TH PLACE		
Street (continued)		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
City or Town		State ZIP Code
MOKENA		IL 60448
County Code (if known)	County Name	
	WILL	
B. Land Type	C. Geographic Location	D. Facility Existence Date
(enter code)	LATITUDE (degrees, minutes, & seconds) LONGITUDE (degrees, minutes, & seconds) P 41 32 42 N 087 51 09 W	Month Day Year 10 01 1977
IV. Facility Mailing Address		
Street or P.O. Box		
777 BIG TIMBER ROAD		
City or Town		State ZIP Code
ELGIN		IL 60123
V. Facility Contact (Person to be contacted regarding waste activities at facility)		
Name (last)		(first)
PEDERSON		PAUL
Job Title		Phone Number (area code and number)
REG. ENV. ENGR.		708-697-8460
VI. Facility Contact Address (See instructions)		
A. Contact Address Location	B. Street or P.O. Box	
<input type="checkbox"/> <input checked="" type="checkbox"/>	777 BIG TIMBER ROAD	
City or Town		State ZIP Code
ELGIN		IL 60123

[illegible]

340000665851

XI. Nature of Business (provide a brief description)

THIS FACILITY INCLUDES A LOCAL SALES/SERVICE OFFICE AND ACCUMULATION/DISTRIBUTION WAREHOUSE AND TANKS FOR SPENT SOLVENTS AND ANTIFREEZE (WHICH ARE RECLAIMED BY SAFETY-KLEEN AT A DIFFERENT LOCATION) AND PRODUCTS (WHICH INCLUDE SMALL PARTS CLEANING EQUIPMENT, SOLVENTS, ANTIFREEZE, HAND CLEANER, FLOOR SOAP AND OTHER ALLIED PRODUCTS). SAFETY-KLEEN COLLECTS THE SPENT SOLVENT AND ANTIFREEZE FROM ITS CUSTOMERS ON A PERIODIC BASIS AND ACCUMULATES IT, EITHER IN A STORAGE TANK OR IN A CONTAINER STORAGE AREA. THE MAJORITY OF SAFETY-KLEEN'S CUSTOMERS ARE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS. ONCE A SUFFICIENT QUANTITY OF SPENT MATERIAL IS COLLECTED, A TANKER TRUCK OR BOX TRAILER TRUCK IS DISPATCHED FROM A SAFETY-KLEEN RECLAMATION FACILITY TO COLLECT THE WASTE AND BRING IT TO THE RECLAMATION FACILITY FOR ITS MANAGEMENT.

XII. Process - Codes and Design Capacities

- A. **PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in item XIII.
- B. **PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.
1. **AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.
 2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. **PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	UNIT OF MEASURE	UNIT OF MEASURE CODE
	DISPOSAL:		GALLONS	G
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY	GALLONS PER HOUR	E
D80	LANDFILL	ACRE- FEET OR HECTARE-METER	GALLONS PER DAY	U
D81	LAND APPLICATION	ACRES OR HECTARES	LITERS	L
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY	LITERS PER HOUR	H
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS	LITERS PER DAY	V
	STORAGE:		SHORT TONS PER HOUR	D
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS	METRIC TONS PER HOUR	W
S02	TANK	GALLONS OR LITERS	SHORT TONS PER DAY	N
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS	METRIC TONS PER DAY	S
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS	POUNDS PER HOUR	J
	TREATMENT:		KILOGRAMS PER HOUR	R
T01	TANK	GALLONS PER DAY OR LITERS PER DAY	CUBIC YARDS	Y
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY	CUBIC METERS	C
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR	ACRES	B
			ACRE- FEET	A
			HECTARES	Q
			HECTARE-METER	F
			BTU's PER HOUR	K
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not accounting in tanks, surface impoundment or incinerators. Describe the processes in the space provided in item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY		

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

I 6 0 0 0 6 6 5 8 5 1

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)		
X 1	S 0 2	600	G	0 0 2	
X 2	T 0 3	20	E	0 0 1	
1	S 0 1	2,080	G	0 0 1	
2	S 0 2	12,750	G	0 0 3	
3					
4					
5					
6					
7					
8					
9					
1 0					
1 1					
1 2					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XI)

Line Number (enter numbers in sequence with item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY		C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)		
1	T 0 4				
	T 0 4				
	T 0 4				
	T 0 4				

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

I L D 0 0 0 6 6 5 8 5 1

XIV. Description of Hazardous Wastes

- A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A, on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A, on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- Enter the first two as described above.
 - Enter "000" in the extreme right box of Item XIV-D(1).
 - Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)					B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS									
	(1) PROCESS CODES (enter)										(2) PROCESS DESCRIPTION (If a code is not entered in D(1))						
X 1	K	0	5	4	900	P	T	0	3	D	8	0					
X 2	D	0	0	2	400	P	T	0	3	D	8	0					
X 3	D	0	0	1	100	P	T	0	3	D	8	0					
X 4	D	0	0	2											Included With Above		

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> I C D 0 0 0 6 6 5 8 5 1 </div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 </div>

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
	(1) PROCESS CODES (enter)						(2) PROCESS DESCRIPTION (If a code is not entered in D(1))												
1	D	0	0	1	1484	T	S	0	1	S	0	2							
2	D	0	0	4															INCLUDED WITH ABOVE
3	D	0	0	5															INCLUDED WITH ABOVE
4	D	0	0	6															INCLUDED WITH ABOVE
5	D	0	0	7															INCLUDED WITH ABOVE
6	D	0	0	8															INCLUDED WITH ABOVE
7	D	0	0	9															INCLUDED WITH ABOVE
8	D	0	1	0															INCLUDED WITH ABOVE
9	D	0	1	1															INCLUDED WITH ABOVE
10	D	0	1	8															INCLUDED WITH ABOVE
11	D	0	1	9															INCLUDED WITH ABOVE
12	D	0	2	1															INCLUDED WITH ABOVE
13	D	0	2	2															INCLUDED WITH ABOVE
14	D	0	2	3															INCLUDED WITH ABOVE
15	D	0	2	4															INCLUDED WITH ABOVE
16	D	0	2	5															INCLUDED WITH ABOVE
17	D	0	2	6															INCLUDED WITH ABOVE
18	D	0	2	7															INCLUDED WITH ABOVE
19	D	0	2	8															INCLUDED WITH ABOVE
20	D	0	2	9															INCLUDED WITH ABOVE
21	D	0	3	0															INCLUDED WITH ABOVE
22	D	0	3	2															INCLUDED WITH ABOVE
23	D	0	3	3															INCLUDED WITH ABOVE
24	D	0	3	4															INCLUDED WITH ABOVE
25	D	0	3	5															INCLUDED WITH ABOVE
26	D	0	3	6															INCLUDED WITH ABOVE
27	D	0	3	7															INCLUDED WITH ABOVE
28	D	0	3	8															INCLUDED WITH ABOVE
29	D	0	3	9															INCLUDED WITH ABOVE
30	D	0	4	0															INCLUDED WITH ABOVE
31	D	0	4	1															INCLUDED WITH ABOVE
32	D	0	4	2															INCLUDED WITH ABOVE
33	D	0	4	3															INCLUDED WITH ABOVE

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

I L 0 0 0 0 6 6 5 8 5 1

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES													
							(1) PROCESS CODES (enter)										(2) PROCESS DESCRIPTION (If a code is not entered in D(1))			
1	F	0	0	2	336	T	S	0	1											
2	F	0	0	2	37	T	S	0	1											
3	F	0	0	4																
4																				
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INCLUDED WITH ABOVE

I	L	D	0	0	0	6	6	5	8	5	1
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E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

[illegible]

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner Signature	Date Signed
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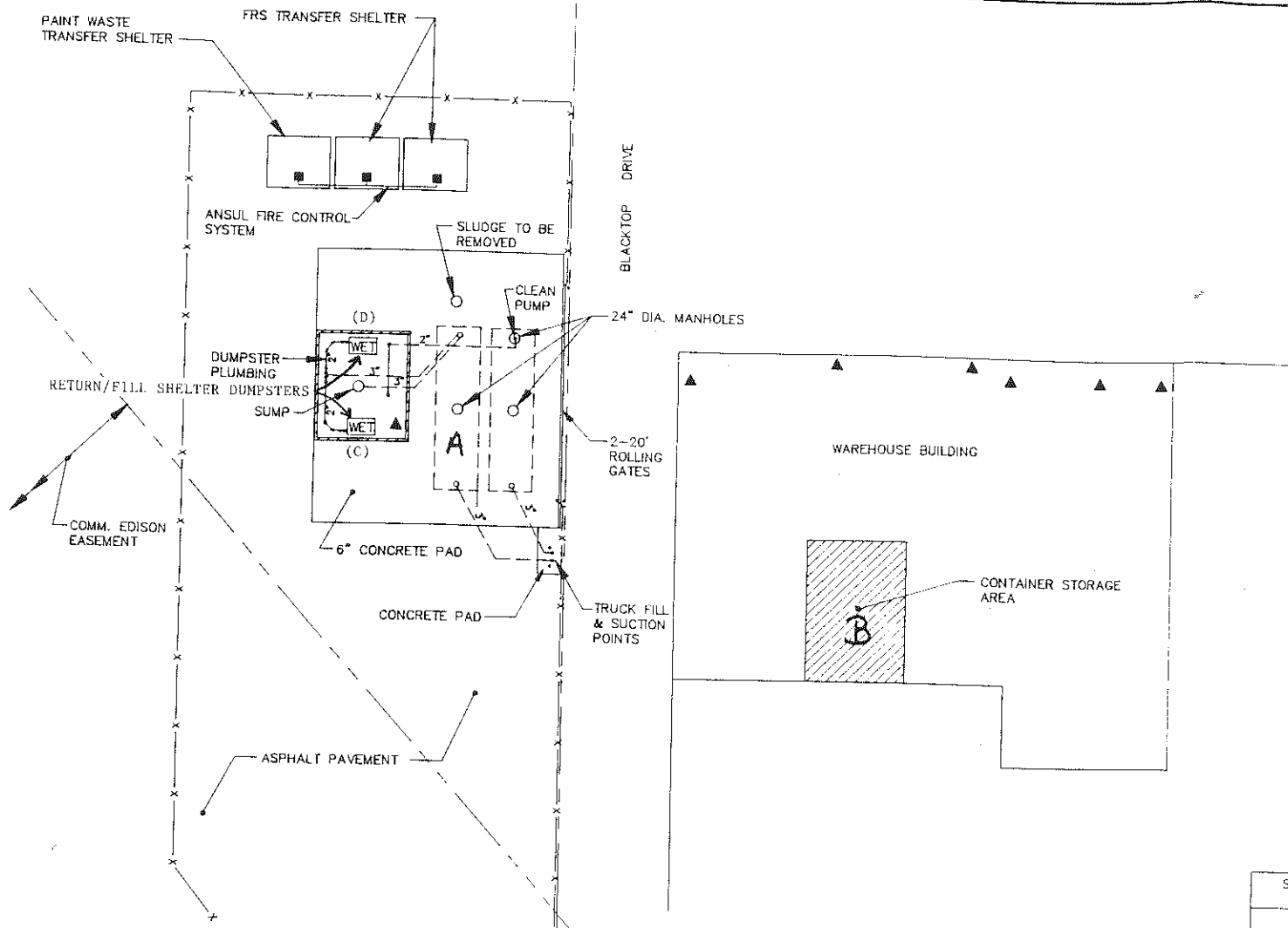
Name and Official Title (type or print): AMERICAN NATIONAL BANK OF CHICAGO
2400 W. SIBLEY BLVD., POSEN, IL 60469

Operator Signature *Scott S. Fone* REVISED 1/16/91: *Scott S. Fone* Date *8/30/90* Signature

Name and Official Title (type or print)
SCOTT E. FORE - VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY

The "F" waste streams listed on lines 1 and 2 on page 2 of 2 of Section XIV are also toxic characteristic. The waste codes listed on lines 2 through 33 on page 1 of 2 of Section XIV also apply to these wastes.

91-017



LEGEND

- ▲ FIRE EXTINGUISHER
- ANSUL SYSTEM SPRAY

SOURCE: SAFETY KLEEN DRG. D10533.

10' 0 10' 20'
SCALE: 1" = 20'

SAFETY-KLEEN CORP. SERVICE CENTER
MOKENA, ILLINOIS

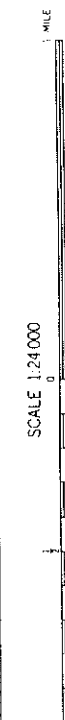
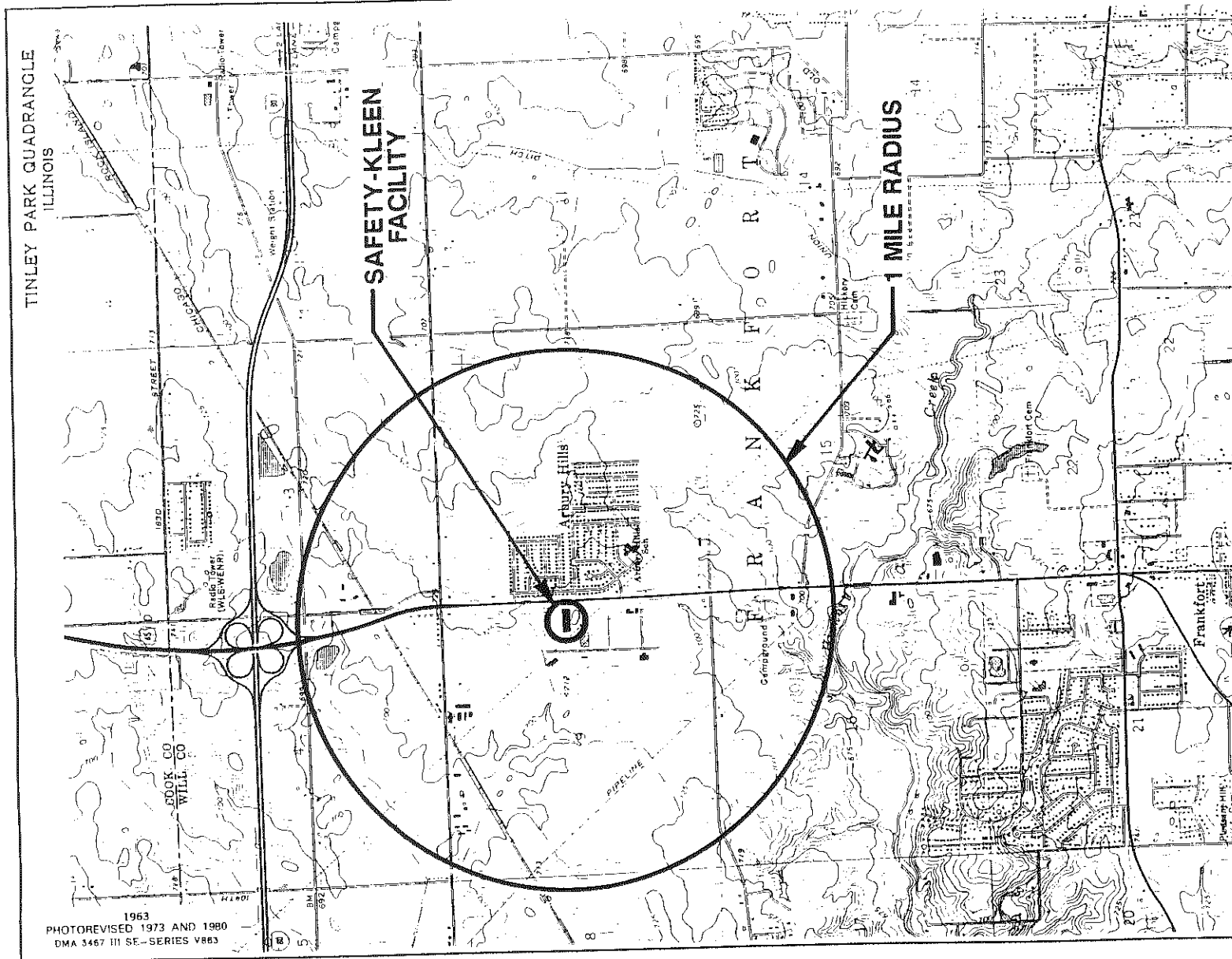
FIGURE G-2 FACILITY LAYOUT

Prepared for:

S SAFETY-KLEEN CORP.
777 BIG TIMBER ROAD
ELGIN ILLINOIS 60120

By:

PRC ENVIRONMENTAL MANAGEMENT, INC.



SAFETY-KLEEN CORP. SERVICE CENTER
MOKENA, ILLINOIS

FIGURE B-4
TOPOGRAPHIC MAP

Prepared for:
S SAFETY-KLEEN CORP.
777 BIG TIMBER ROAD
ELGIN ILLINOIS 60120

By:
PRC ENVIRONMENTAL MANAGEMENT, INC.



Certified Mail - Return Receipt Requested

January 16, 1991
EJJ 91-101

Mr. George Hamper
Chief, Illinois Section, 5HR-13
U.S. EPA Region 5
230 South Dearborn St.
Chicago, IL 60604

Subject: Revised Part A Permit Applications
Safety-Kleen Service Centers

Schaumburg	ILD 079 749 073
Arlington Heights	ILD 000 805 929
Franklin Park	ILD 000 665 869
Mokena	ILD 000 665 851
Urbana	ILD 981 088 388
Pekin	ILD 093 862 811
Caseyville	ILD 981 097 819

Dear Mr. Hamper,

This has been prepared in response to your letter of December 13, 1990 which requested additional information on process design capacities and waste streams at the above referenced facilities.

1. Process Design Capacity

Listed below are all hazardous waste management units at each Illinois service center. The numbers in parentheses refer to the categories listed at the end of this section which apply to the unit. Units are also identified on the site plans in the enclosed Part A applications. Section XII of each Part A application has been revised to include the return and fill dumpsters which are considered tanks by the Illinois EPA.

Schaumburg ILD 079 749 073

- A) 12,000 gallon tank: (1) (2)
- B) 10,000 gallon tank: (1) (undergoing closure-not in use)
- C) 6,000 gallon tank: (1) (undergoing closure-not in use)
- D) 2,550 gallon container storage area: (1) (2)
- E) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
- F) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

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Waste Management Division
U.S. EPA, REGION V

Arlington Heights ILD 000 805 929

- A) 12,000 gallon tank: (1) (2)
- B) 2,992 gallon container storage area: (1) (2)
- C) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
- D) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

Franklin Park ILD 000 665 869

- A) 12,000 gallon tank: (1) (2)
- B) 8,928 gallon container storage area: (1) (2)
- C) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
- D) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

Mokena ILD 000 665 851

- A) 12,000 gallon tank: (1) (2)
- B) 2,080 gallon container storage area: (1) (2)
- C) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
- D) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

Urbana ILD 981 088 388

- A) 15,000 gallon tank: (1) (2)
- B) 12,000 gallon tank: (3)
- C) 3,140 gallon warehouse container storage area: (1) (2)
- D) 1,092 gallon container storage area: (1) (2)
- E) 1,092 gallon container storage area: (2)
- F) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
- G) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

Pekin ILD 093 862 811

- A) 20,000 gallon tank: (1) (2)
- B) 10,000 gallon tank: (4)
- C) 4,728 gallon warehouse container storage area: (1) (2)
- D) 2,184 gallon container storage area: (1) (2)
- E) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
- F) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

Caseyville ILD 981 097 819

- A) 15,000 gallon tank: (1) (2)
- B) 42,912 gallon container storage area: (1) (2)
- C) 3,888 gallon container storage area: (1) (2)
- D) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
- E) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

Categories

- (1) Existing unit which has interim status to store non-TC RCRA regulated hazardous waste.
- (2) Existing unit which had stored TC wastes prior to September 25, 1990, and will continue to store them.
- (3) Existing unit which has not stored TC wastes prior to September 25, 1990, but which is proposed to store them in the future.

- (4) Unit proposed, but not yet constructed, for the storage of any hazardous wastes.
- (5) Unit which has not stored, and is not proposing to store hazardous wastes.

2. Description of Waste Streams

Listed below is a description of the waste streams managed at the Illinois facilities. The categories are listed at the end of the section.

Spent Mineral Spirits

EPA Waste Codes: D001 and the codes listed in the "NOTE" below
Category: (1) Process Code: S02

Spent Mineral Spirits Dumpster Sediment

EPA Waste Codes: D001 and the codes listed in the "NOTE" below
Category: (1) Process Code: S01

Dry Cleaning Waste

EPA Waste Codes: D001 and the codes listed in the "NOTE" below
Category: (1) Process Code: S01

Paint Waste:

EPA Waste Codes: D001, F003, F005 and the codes listed in the "NOTE" below
Category: (1) Process Code: S01

Immersion Cleaner (IC) (will be phased out as customers switch to the new formula)

EPA Waste Codes: F002, F004 and the codes listed in the "NOTE" below
Category: (1) Process Code: S01

Immersion Cleaner (IC) (New Formula)

EPA Waste Codes: codes listed in the "NOTE" below
Category: (2) Process Code: S01

NOTE: D004, D005, D006, D007, D008, D009, D010, D011, D018, D019, D021, D022, D023, D024, D025, D026, D027, D028, D029, D030, D032, D033, D034, D035, D036, D037, D038, D039, D040, D041, D042, D043

Industrial Solvents (Caseyville facility only)

EPA Waste Codes: D001, F001, F002, F003, F005 and the codes listed in the "NOTE" on previous page

Category: (1) Process Code: S01

Spent Ethylene Glycol (Antifreeze)

EPA Waste Codes: codes listed in the "NOTE" on previous page

Category: (3) Process Code: S02

Categories

- (1) Waste stream managed as a hazardous waste under the RCRA permit prior to September 25, 1990.
- (2) Waste stream managed as a nonhazardous waste prior to September 25, 1990.
- (3) Waste stream not managed prior to September 25, 1990 although the Company had made a substantial commitment to handling this waste stream and was managing it at other locations prior to September 25, 1990.

Shown below is the estimated annual quantity in tons of each waste stream managed at the sites. The letters refer to the unit(s) in which the waste stream is managed.

	Schaumburg	Ar1. Hts.	Franklin Pk.	Mokena	Urbana	Pekin	Caseyville
Spent MS	2892-A	1714-A	1927-A	1440-A	564-A	722-A	1344-A
Spent MS dumpster sediment	8-D	8-B	*	7-B	6-D	7-D	40-B,C
Dry Cleaning Waste	488-D	753-B	367-B	336-B	53-C	141-C	592-B,C
Paint Waste	*	*	*	*	100-D	100-D	1000-B
IC	91-D	50-B	51-B	37-B	30-C,D	36-C	172-B,C
IC (new)	91-D	50-B	51-B	37-B	30-C,D,E	36-C	172-B,C
Chlorinated Industrial Solvents	*	*	*	*	*	*	1419-B
Spent Antifreeze	*	*	*	*	2000-B	2000-B	*

* indicates waste stream not managed in storage units at this facility

Please contact me on extension 2246 if you have any questions or require further information.

Sincerely,



Ellen J. Jurczak, P.E.
Environmental Permits Manager

EJJ/dfh

cc: Illinois Branch Managers (5-034-01, 5-034-03,
5-034-04, 5-034-05, 5-033-01, 5-160-02, 5-136-01, 0-007-52)
P. Jefferson
P. Pederson
A. Pendry
J. Zimmerman



Certified Mail - Return Receipt Requested

September 5, 1990

Valdas Adamkus, Regional Administrator
U. S. EPA Region V
RCRA Activities
Waste Management Division
P.O. Box A3587
Chicago, IL 60690

RECEIVED

SEP 20 1990

U. S. EPA, REGION V
SWB — PMS

Subject: Safety-Kleen Corp. Service Centers
Schaumburg, IL ILD 079749073
Arlington Heights, IL ILD 000805929
Franklin Park, IL ILD 000665869
Mokena, IL ILD 000665851
Urbana, IL ILD 981088388
Caseyville, IL ILD 981097819
Pekin, IL ILD 093862811

Dear Mr. Adamkus:

This letter has been prepared in response to the introduction of the TCLP regulations which will take effect on September 25, 1990. In accordance with 40 CFR 270.72(a)(1), Safety-Kleen has enclosed Part A permit applications for the subject facilities, which are currently operating under interim status, to include the following waste codes:

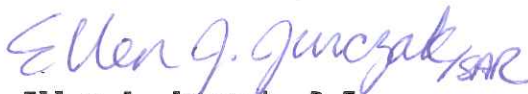
D004	D023	D034
D005	D024	D035
D007	D025	D036
D009	D026	D037
D010	D027	D038
D011	D028	D039
D018	D029	D040
D019	D030	D041
D021	D032	D042
D022	D033	D043

The Part B permit applications for these facilities are in the process of being revised and will be submitted to the Illinois EPA upon completion.

Mr. Valdas Adamkus
September 5, 1990
Page TWO

If you have any questions or need further information, please contact
Paul Pederson on extension 2551 or me on extension 2246.

Sincerely,



Ellen J. Jurczak, P.E.
Environmental Permits Manager

EJJ/dfh

cc: Illinois EPA
Illinois Branch Managers (5-034-01, 5-034-03, 5-034-04,
5-034-05, 5-033-01, 5-036-01,
5-160-02, 0-007-52)
P. Jefferson, Chicago Reg. Mgr.
J. Zimmerman, St. Louis Reg. Mgr.
P. Pederson

For EPA Regional Use Only Date Received Month Day Year <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	 United States Environmental Protection Agency Washington, DC 20460 <h1 style="margin: 0;">Hazardous Waste Permit Application</h1> <h2 style="margin: 0;">Part A</h2> <p style="font-size: small;">(Read the Instructions before starting)</p>	For State Use Only <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 20 1990 U. S. EPA, REGION V SWB — PMS </div>
I. ID Number(s)		
A. EPA ID Number ILD000665851		B. Secondary ID Number (If applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
II. Name of Facility SAFETY - K L E E N C O R P . (5 - 0 3 4 - 0 5)		
III. Facility Location (Physical address not P.O. Box or Route Number)		
A. Street 9 6 3 1 W 1 9 4 T H P L A C E		
Street (continued) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
City or Town M O K E N A		State IL
		ZIP Code 6 0 4 4 8 -
County Code (If known) WI	County Name L L	
B. Land Type (enter code) P	C. Geographic Location LATITUDE (degrees, minutes, & seconds) LONGITUDE (degrees, minutes, & seconds) 4 1 3 2 4 2 N 0 8 7 5 1 0 9 W	D. Facility Existence Date Month Day Year 1 0 0 1 1 9 7 7
IV. Facility Mailing Address		
Street or P.O. Box 7 7 7 B I G T I M B E R R O A D		
City or Town E L G I N		State IL
		ZIP Code 6 0 1 2 3 -
V. Facility Contact (Person to be contacted regarding waste activities at facility)		
Name (last) P E D E R S O N		(first) P A U L
Job Title R E G . E N V . E N G R .		Phone Number (area code and number) 7 0 8 - 6 9 7 - 8 4 6 0
VI. Facility Contact Address (See instructions)		
A. Contact Address Location Mailing <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	B. Street or P.O. Box 7 7 7 B I G T I M B E R R O A D	
City or Town E L G I N		State IL
		ZIP Code 6 0 1 2 3 -

- 2 of 7 -

I L D 0 0 0 6 6 5 8 5 1

XI. Nature of Business (provide a brief description)

THIS FACILITY INCLUDES A LOCAL SALES/SERVICE OFFICE AND ACCUMULATION/DISTRIBUTION WAREHOUSE AND TANKS FOR SPENT SOLVENTS AND ANTIFREEZE (WHICH ARE RECLAIMED BY SAFETY-KLEEN AT A DIFFERENT LOCATION) AND PRODUCTS (WHICH INCLUDE SMALL PARTS CLEANING EQUIPMENT, SOLVENTS, ANTIFREEZE, HAND CLEANER, FLOOR SOAP AND OTHER ALLIED PRODUCTS). SAFETY-KLEEN COLLECTS THE SPENT SOLVENT AND ANTIFREEZE FROM ITS CUSTOMERS ON A PERIODIC BASIS AND ACCUMULATES IT, EITHER IN A STORAGE TANK OR IN A CONTAINER STORAGE AREA. THE MAJORITY OF SAFETY-KLEEN'S CUSTOMERS ARE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS. ONCE A SUFFICIENT QUANTITY OF SPENT MATERIAL IS COLLECTED, A TANKER TRUCK OR BOX TRAILER TRUCK IS DISPATCHED FROM A SAFETY-KLEEN RECLAMATION FACILITY TO COLLECT THE WASTE AND BRING IT TO THE RECLAMATION FACILITY FOR ITS MANAGEMENT.

XII. Process - Codes and Design Capacities

- A. **PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.
- B. **PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.
1. **AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.
 2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. **PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	UNIT OF MEASURE	UNIT OF MEASURE CODE
D79	<u>DISPOSAL:</u> INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY	GALLONS	G
D80	LANDFILL	ACRE-FEET OR HECTARE-METER	GALLONS PER HOUR	E
D81	LAND APPLICATION	ACRES OR HECTARES	GALLONS PER DAY	U
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY	LITERS	L
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS	LITERS PER HOUR	H
S01	<u>STORAGE:</u> CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS	LITERS PER DAY	V
S02	TANK	GALLONS OR LITERS	SHORT TONS PER HOUR	D
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS	METRIC TONS PER HOUR	W
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS	SHORT TONS PER DAY	N
T01	<u>TREATMENT:</u> TANK	GALLONS PER DAY OR LITERS PER DAY	METRIC TONS PER DAY	S
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY	POUNDS PER HOUR	J
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR	KILOGRAMS PER HOUR	R
			CUBIC YARDS	Y
T04	OTHER TREATMENT <small>(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)</small>	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY	CUBIC METERS	C
			ACRES	B
			ACRE-FEET	A
			HECTARES	Q
			HECTARE-METER	F
			BTU's PER HOUR	K

EPA I.D. Number (enter from page 1)

16000665851

Secondary ID Number (enter from page 1)

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)				B. PROCESS DESIGN CAPACITY		C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY					
					1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)							
X 1	S	0	2		600	G	0	0	2				
X 2	T	0	3		20	E	0	0	1				
	1	S	0	1	2,080	G	0	0	1				
	2	S	0	2	12,000	G	0	0	1				
	3												
	4												
	5												
	6												
	7												
	8												
	9												
1	0												
1	1												
1	2												

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE				B. TREATMENT PROCESS DESIGN CAPACITY		C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
					1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)		
	T	0	4					
	T	0	4					
	T	0	4					
	T	0	4					

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

I C D 0 0 0 6 6 5 8 5 1

XIV. Description of Hazardous Wastes

- A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- Enter the first two as described above.
 - Enter "000" in the extreme right box of Item XIV-D(1).
 - Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS									
							(1) PROCESS CODES (enter)					(2) PROCESS DESCRIPTION (If a code is not entered in D(1))				
X 1	K	0	5	4	900	P	T	0	3	D	8	0				
X 2	D	0	0	2	400	P	T	0	3	D	8	0				
X 3	D	0	0	1	100	P	T	0	3	D	8	0				
X 4	D	0	0	2									Included With Above			

- 6 of 7 - (PAGE 1 OF 2)

Secondary ID Number (enter from page 1)

[illegible]

XIV. Description of Hazardous Wastes (continued)

[illegible]

Secondary ID Number (enter from page 1)

[illegible]

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Additional Process Codes (enter)

[illegible]

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Signed _____

AMERICAN NATIONAL BANK OF CHICAGO
2400 W. SIBLEY BLVD., POSEN, IL 60469

Date Signed _____

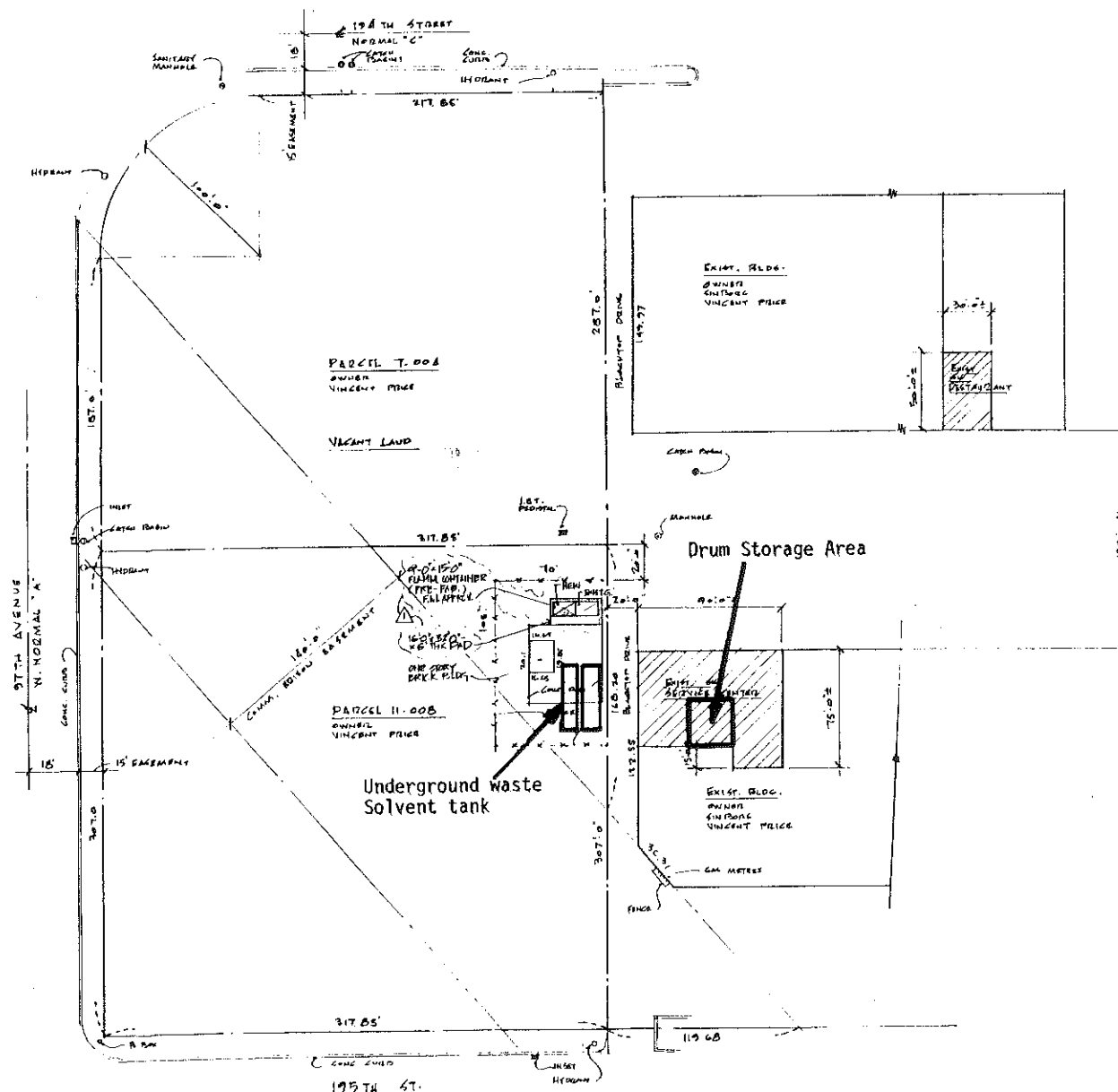
Name and Official Title (type or print)
SCOTT E. FORE - VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY

The "F" waste streams listed on lines 1 and 2 on page 2 of 2 of Section XIV are also toxic characteristic. The waste codes listed on lines 2 through 33 on page 1 of 2 of Section XIV also apply to these wastes.

Return this completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)

GENERAL NOTES

- THIS IS NOT AN OFFICIAL SURVEY. INFORMATION BASED ON PARCEL SURVEY & REVIEW OF MOBILE INDUSTRIAL PARK.



SITE PLAN

SCALE: 1" = 40' 0"



1" = 54'

Safety-Kleen Corp.

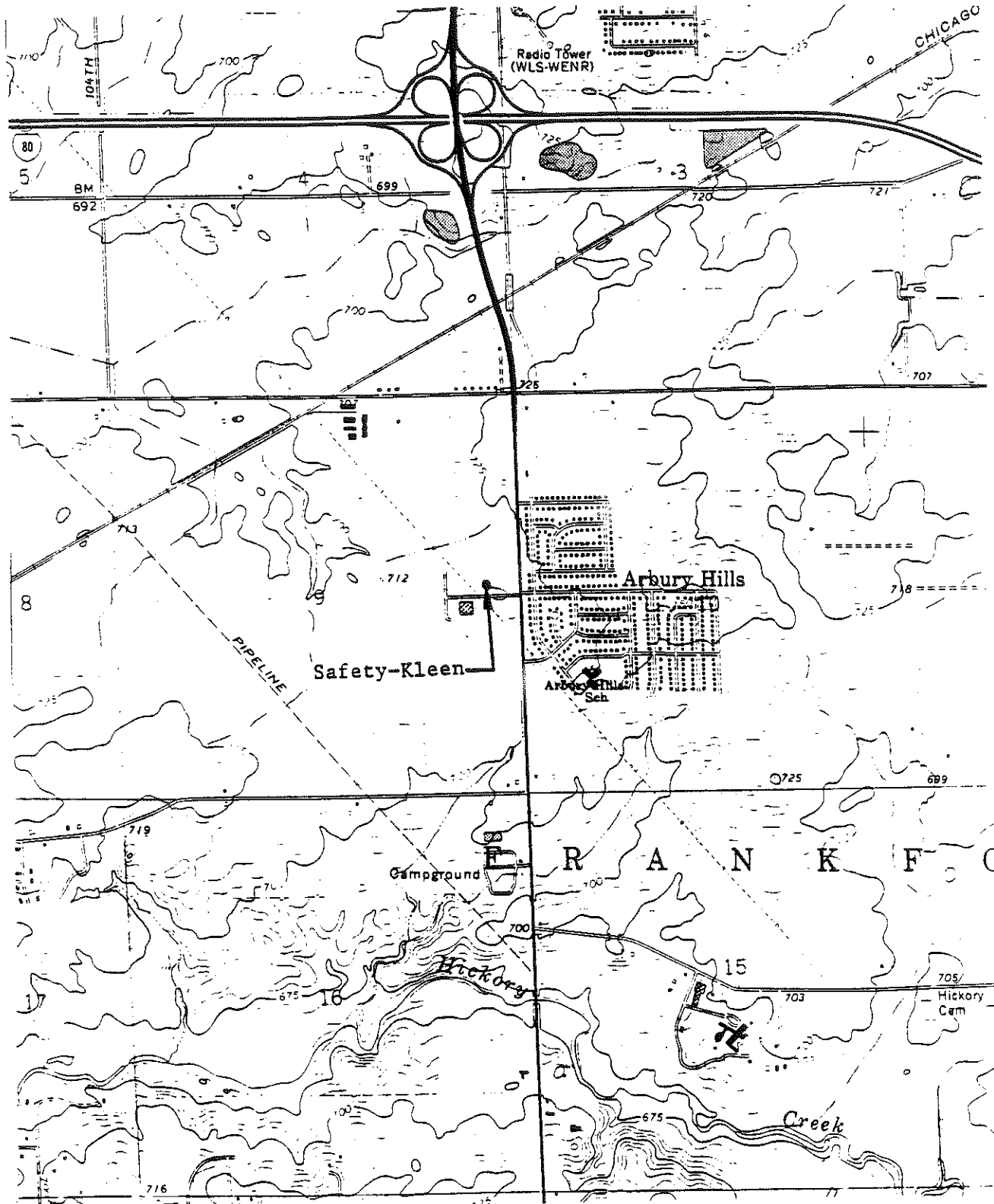
777 2ND STREET ROAD • BLOOMINGTON, IL 61710

PHONE 215-5571

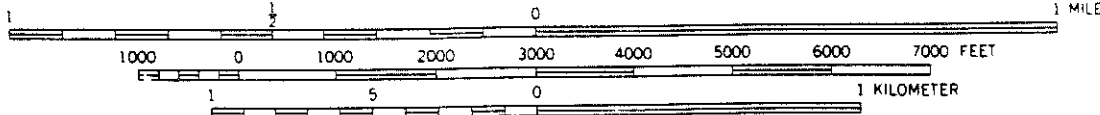
6175 PLAN

DATE	11-2-80	ADD PLAN, CONTENT R & CONC. PLO	BY	WJ
DATE	5/10/87			
DATE	11/2/80			
DATE				
DATE				

FOR SERVICE CENTER BRANCH
MADE BY: J. J. P. 11-2-80



SCALE 1:24000



CONTOUR INTERVAL 5 FEET
DATUM IS MEAN SEA LEVEL

★ MN
GNI

0°32' 2°
9 MILS 16 MILS

TINLEY PARK, ILL.
N4130—W8745/7.5

1963
PHOTOREVISED 1973
AMS 3467 III SE—SERIES V863

I.D. - FOR OFFICIAL USE ONLY															
S															T/A/C
W															1
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26 7 23 - 26	2 F 0 0 2 23 - 26 8 23 - 26	3 F 0 0 3 23 - 26 9 23 - 26	4 F 0 0 4 23 - 26 10 23 - 26	5 F 0 0 5 23 - 26 11 23 - 26	6 23 - 26 12 23 - 26
---	---	---	--	--	-----------------------------------

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26 19 23 - 26 25 23 - 26	14 23 - 26 20 23 - 26 26 23 - 26	15 23 - 26 21 23 - 26 27 23 - 26	16 23 - 26 22 23 - 26 28 23 - 26	17 23 - 26 23 23 - 26 29 23 - 26	18 23 - 26 24 23 - 26 30 23 - 26
---	---	---	---	---	---

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26 37 23 - 26 43 23 - 26	32 23 - 26 38 23 - 26 44 23 - 26	33 23 - 26 39 23 - 26 45 23 - 26	34 23 - 26 40 23 - 26 46 23 - 26	35 23 - 26 41 23 - 26 47 23 - 26	36 23 - 26 42 23 - 26 48 23 - 26
---	---	---	---	---	---

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

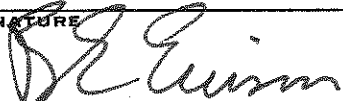
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Burton E. Ericson, Vice President/ General Counsel	DATE SIGNED 4-3-85
--	--	-----------------------

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION V

Dave

DATE: 4/18/85

SUBJECT: Installation Name Safety-Kleen Corp 5-034-05
Installation Address 9631 W 194th Pl, Mokena, IL
EPA ID# ILD000665851

FROM: Judy Greenberg, AIS

To: D. BAKER
5/10/85
of

TO: Technical Programs Section, IL Unit

Attention: _____

Attached for your review is a copy of subseq. notif w/ TSP
checked

for the above-referenced facility. PLEASE RETURN THIS FORM ALONG WITH ALL ATTACHED MATERIAL TO ME FOR FORWARDING TO AIS STAFF OR TO FILE.

Cover letter date 4/3/85

Rec'd in Region 4/8/85

Rec'd in AIS 4/9/85

Copy sent to _____

ACTION REQUIRED File in Part A. D. Wilson 5-8-85

REVIEWER'S SUMMARY _____

PLEASE RETURN THIS FORM ALONG WITH ALL RELATED MATERIAL TO JUDY GREENBERG, AIS



RECEIVED
APR 09 1985

WMD-RAIU
EPA, REGION V

April 3, 1985

RECEIVED
APR 6 1985

WASTE MANAGEMENT
BRANCH

U.S. EPA Region V
Waste Management Division (5HW13)
Federal Building
230 South Dearborn
Chicago, IL 60604

Dear Sir:

On January 4, 1985, U.S. EPA published in the Federal Register a Final Rule redefining the definition of solid waste. This regulation substantially alters the definitions of solid waste and hazardous waste, and the relationship of recycling activities to these definitions. This change in conjunction with the Solid and Hazardous Waste Amendments of 1984, which extended the program to small quantity generators, has substantially altered Safety-Kleen's regulatory status and required the submittal of revised Notifications of Hazardous Waste Activity.

The attached Notifications of Hazardous Waste Activity have been submitted to reflect the current regulatory status of Safety-Kleen's facilities. Safety-Kleen's ongoing programs to serve small quantity generators of hazardous waste from non-specific sources require the addition of "F" category materials to the Notification as well as change in status to Generator, Transporter, and TSDF.

If additional information is required, please contact Mr. Kevin Hersey, Manager Environmental Engineering at ext. 2212.

Sincerely,

Burton E. Ericson
Vice President
General Counsel

BEE/11

Page 2
U.S. EPA Region V
April 3, 1985

cc: Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, IL 62706

Hazardous Waste Management Branch
Indiana State Board of Health
1330 West Michigan Street
Indianapolis, IN 46206

Division of Solid and Hazardous Waste Management
Ohio EPA
361 East Broad Street
Columbus, OH 43215

Office of Hazardous Waste Management
Dept. of Natural Resources
P. O. Box 30038
Lansing, MI 48909

Division of Solid and Hazardous Waste
Minnesota Pollution Control Agency
1935 West County Road B2
Roseville, MN 55113

Hazardous Waste Management Section
Bureau of Solid Waste Management
Dept. of Natural Resources
P. O. Box 7921
Madison, WI 53707



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD000665851 REACKNOWLEDGEMENT

SAFETY-KLEEN CORP 5-034-05
655 BIG TIMBER RD
ELGIN

IL 60120

INSTALLATION ADDRESS

9631 W 194TH PLACE
MOKENA

IL 60448

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

000789 AUG 20 80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FIELD 000066585121

A

800818

I. NAME OF INSTALLATION

SAFETY-KLEEN CORP 5-034-05

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3655 BIG TIMBER RD

CITY OR TOWN

4 ELGIN

ST.

ZIP CODE

IL 60120

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

59631 W 194TH PLACE

CITY OR TOWN

6 MOKENA

ST.

ZIP CODE

IL 60448

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 SIMPSON JEFFREY ENVIR ENGINEER 312-697-8460

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 SAFETY-KLEEN CORP ELGIN IL

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

1LD000665851

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
W	1	4	0	0	0	6	6	5	8	5	1	2	1	1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 0 4 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Theodore H. Mueller

NAME & OFFICIAL TITLE (type or print)

THEODORE H. MUELLER
Environmental Engineer

DATE SIGNED

August 12, 1980

Closure 276



December 2, 1986
SR 86-423

Mr. Lawrence W. Eastep, P.E.
Permit Section Manager
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, IL 62706

Dear Mr. Eastep:

Attached you will find Certifications Regarding Potential Releases from Solid Waste Management Units for Safety-Kleen's facilities in Pekin and Mokena.

If you have any questions or need further information to evaluate the partial closure plans for these facilities, please call me on extension 2223.

Sincerely,

Sue Ryan
Environmental Engineer

SR/ber

Attachment

RECEIVED

DEC - 4 1986

IEPA-DLPC

CERTIFICATION REGARDING POTENTIAL RELEASES FROM
SOLID WASTE MANAGEMENT UNITS
(CLOSURE PLAN REVIEW)

FACILITY NAME: Safety-Kleen Corp. (5-[36-0])

EPA I.D. NUMBER: ILD093862811

LOCATION CITY: Pekin

STATE: Illinois

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EPA-DLPC

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTES UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION and in your closure plan.

	YES	NO
• Landfill	_____	X
• Surface Impoundment	_____	X
• Land Farm	_____	X
• Waste Pile	_____	X
• Incinerator	_____	X
• Storage Tank (Above Ground)	_____	X
• Storage Tank (Underground)	X	_____
• Container Storage Area	_____	X
• Injection Wells	_____	X
• Wastewater Treatment Units	_____	X
• Transfer Stations	_____	X
• Waste Recycling Operations	_____	X
• Waste Treatment, Detoxification	_____	X
• Other _____	_____	_____

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed on and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions, location at facility, provide a site plan if available.

A 1000 gallon underground tank was used prior to 1982 to store

spent mineral spirits solvent. The tank is no longer in use and is

believed to be empty. It will be removed during the partial closure

of the facility. The solvent became regulated (D001/D008) under the

January 4, 1985 redefinition of solid waste.

NOTE: Hazardous waste are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application and in your closure plan. please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released .
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

No releases of hazardous wastes or constituents are known to have
occurred at the facility.

4. In regard to the prior releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

Not applicable

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

Burton E. Ericson, Vice President/General Counsel

Typed Name and Title

Burton E. Ericson
Signature

12/1/86
Date

RECEIVED

DEC - 4 1986

EPA-DLPC

CERTIFICATION REGARDING POTENTIAL RELEASES FROM
SOLID WASTE MANAGEMENT UNITS
(CLOSURE PLAN REVIEW)

FACILITY NAME: Safety-Kleen Corp. (5-034-05)

EPA I.D. NUMBER: ILD 000665851

LOCATION CITY: Mokena

STATE: Illinois

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTES UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION and in your closure plan.

	YES	NO
• Landfill	<u> </u>	<u> X </u>
• Surface Impoundment	<u> </u>	<u> X </u>
• Land Farm	<u> </u>	<u> X </u>
• Waste Pile	<u> </u>	<u> X </u>
• Incinerator	<u> </u>	<u> X </u>
• Storage Tank (Above Ground)	<u> </u>	<u> X </u>
• Storage Tank (Underground)	<u> X </u>	<u> </u>
• Container Storage Area	<u> </u>	<u> X </u>
• Injection Wells	<u> </u>	<u> X </u>
• Wastewater Treatment Units	<u> </u>	<u> X </u>
• Transfer Stations	<u> </u>	<u> X </u>
• Waste Recycling Operations	<u> </u>	<u> X </u>
• Waste Treatment, Detoxification	<u> </u>	<u> X </u>
• Other <u> </u>	<u> </u>	<u> </u>

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed on and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions, location at facility, provide a site plan if available.

Prior to 1982, a 1000 gallon underground tank was used as a settling
tank for spent mineral spirits solvent (D001/D008). It has been cleaned
out and filled with sand. (See attached site plan).

NOTE: Hazardous waste are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII Of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application and in your closure plan. please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the part or still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released .
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

No releases are known to have occurred at this facility.

4. In regard to the prior releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases, Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

Not applicable

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

Burton E. Ericson,
Vice President/Legal Counsel

Typed Name and Title


Signature

2/11/56
Date

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY		GENERAL INFORMATION		I. EPA I.D. NUMBER	
GENERAL								F I L D 0 0 0 6 6 5 8 5 1 D	
LABEL ITEMS								GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER								<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
III. FACILITY NAME									
V. FACILITY MAILING ADDRESS									
VI. FACILITY LOCATION									

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	S A F E T Y - K L E E N C O R P . 5 - 0 3 4 - 0 5
---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	H E R S E Y K E V I N M G R . E N V . E N G R	3	1 2 6 9 7 8 4 6 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	7 7 7 B I G T I M B E R R O A D	4	E L G I N	I L	6 0 1 2 0

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	9 6 3 1 W 1 9 4 T H P L A C E	6	W I L L	M O K E N A	I L	6 0 4 4 8	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 7 3 9 9 (specify)										7 5 1 7 2 (specify)									
Business Services N.E.C.										Petroleum Product Wholesalers									
C. THIRD										D. FOURTH									
7 5 0 8 4 (specify)										7 5 0 1 3 (specify)									
Industrial Machinery & Equipment										Automotive Parts and Supplies									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?											
8 S A F E T Y - K L E E N C O R P . E L G I N I L																														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																					
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										3 1 2 6 9 7 8 4 6 0											
E. STREET OR P.O. BOX																																									
7 7 7 B I G T I M B E R R O A D																																									
F. CITY OR TOWN																				G. STATE		H. ZIP CODE		IX. INDIAN LAND																	
B E L G I N																				I L		6 0 1 2 0		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This location is primarily a local sales/service office and warehouse for Safety-Kleen products consisting of small parts cleaning equipment, solvent and allied products such as hand cleaner, floor cleaner, parts washing brushes, etc. Safety-Kleen collects used solvents from the customer (primarily SQG & VSQG's) for temporary storage at this facility. Once a sufficient quantity of materials is collected, the materials are moved off-site in a semi trailer or tanker quantity to a Safety-Kleen Recycling Center.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
Burton E. Ericson Vice President/General Counsel																														6/4/85														

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																													

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch.)

Form Approved OMB No. 158-S80004

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			F I L D 0 0 0 6 6 5 8 5 1 T/A C 1											

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				
23					24					29				

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)														
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)										<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)				
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)										FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN				
C 8 YR. 77 MO. 10 DAY 01										C YR. MO. DAY				
18 73 74 75 76 77 78										73 74 75 76 77 78				
B. REVISED APPLICATION (place an "X" below and complete Item I above)														
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS										<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT				
72										72				

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. **AMOUNT** - Enter the amount.
2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D78	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C D U P T/A C 1														
1 2 13 14 15														
LINE NUMBER														
A. PRO-CESS CODE (from list above)														
B. PROCESS DESIGN CAPACITY														
1. AMOUNT (specify)														
2. UNIT OF MEASURE (enter code)														
FOR OFFICIAL USE ONLY														
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32														
X-1 S 0 2 600 G														
X-2 T 0 3 20 E														
1 S 0 1 2000 G														
2 S 0 2 12,000 G														
3														
4														
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32														

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D 0 0 0 6 6 5 8 5 1													DUP												
1 2 13 14 15													13 14 15 23 24 25												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	D 0 0 1	700	T	S 0 2																					
2	D 0 0 8																								
3	F 0 0 2	30	T	S 0 1																					
4	F 0 0 4																								
5	F 0 0 2	350	T	S 0 1																					
6	F 0 0 3	50	T	S 0 1																					
7	F 0 0 5																								
8	D 0 0 1	10	T	S 0 1																					
9	D 0 0 8																								
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
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20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)															
S	F	I	L	D	0	0	0	6	6	5	8	5	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	1	3	2	4	2	N				0	8	7	5	1	0	9	W		
65	66	67	68	69	70	71				72	73	74	75	76	77	78	79		

VIII. FACILITY OWNER


- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																			
E	MOKENA BLDG. #1 AMERICAN NAT. BANK OF CHICAGO																																	
15	16														55	56	57	58	59	60	61	62	63	64	65									
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.					6. ZIP CODE				
C	F	2400 W. SIBLEY BLVD.															C	G	POSEN										IL	60469				
15	16														45	46	47	48	49	50	51	52	53	54	55	56								

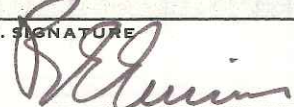
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

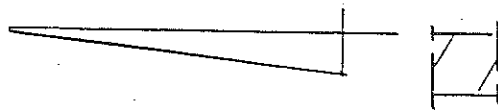
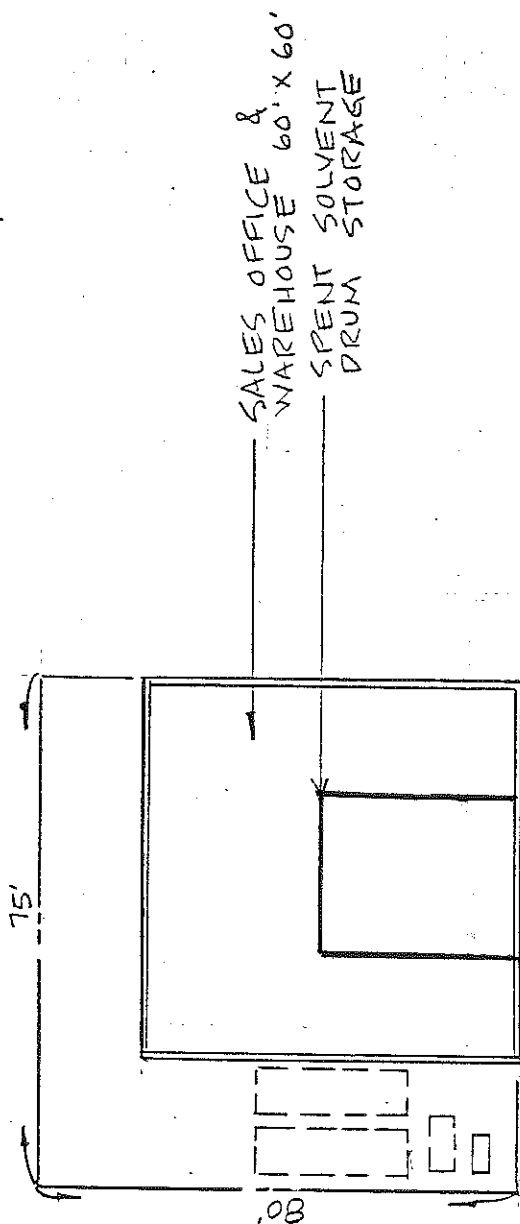
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Donald L. Shapiro Vice-President	 Donald L. Shapiro Vice-President Brown Realty Services Inc. Agents	6-18-85

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Burton E. Ericson Vice President/General Counsel		6/4/85

V. FACILITY DRAWING (see page 4)

194th PLACE

Safety-Kleen Corp.
 655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

PHONE 312/697-8460

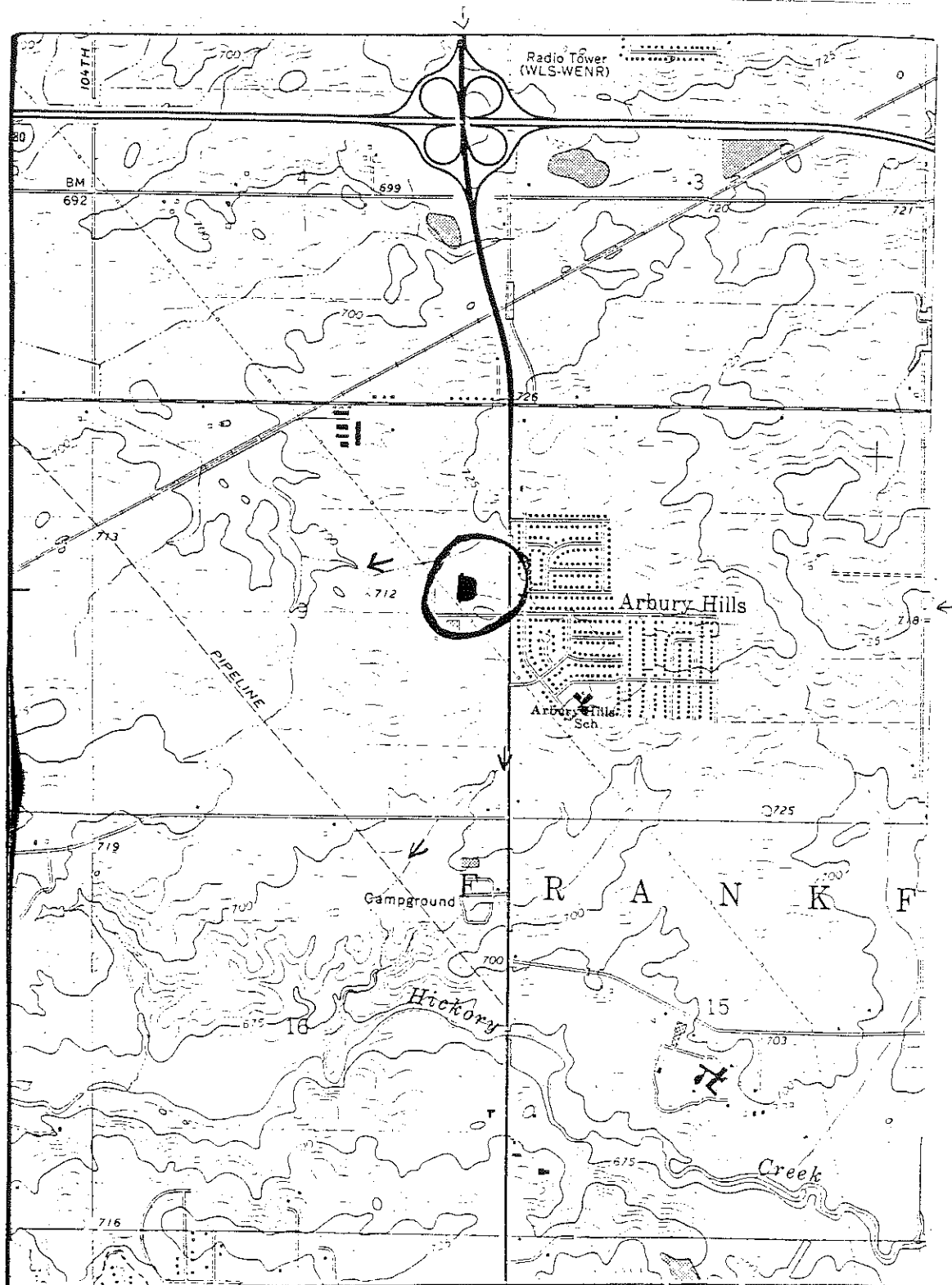
SCALE 1" = 30' - 0"

9631 W. 194th PLACE, MOKENA
 IL., 60448 (5:034.94)

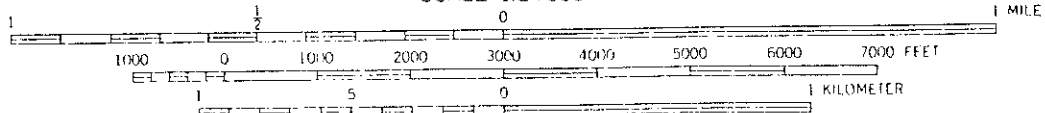
DWN. WLU DATE
 11.13.80

TINLEY PARK, ILL.
N4130—W8745/7.5

1963
PHOTOREVISED 1973
AMS 3467 III SE—SERIES V863



SCALE 1:24 000



U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

EPA I.D. NUMBER
F I L D 0 0 0 6 6 5 8 5 1
D

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

FORM 1
GENERAL

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

NOTE

It is the opinion of Safety-Kleen Corp. that the used solvent materials identified herein are not wastes and therefore not hazardous wastes. To insure compliance, this application is being submitted prior to receiving clarification of the applicability of the regulations to our operation.

INSTRUCTIONS: Complete questions, you must submit if the supplemental form is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED			SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY

1 SKIP SAFETY-KLEEN CORP. 5-034-05

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)
2 SIMPSON, JEFFREY, ENVIR. ENGINEER

B. PHONE (area code & no.)
3 1 2 6 9 7 8 4 6 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 6 5 5 B I G T I M B E R R O A D

B. CITY OR TOWN
4 E L G I N

C. STATE
I L

D. ZIP CODE
6 0 1 2 0

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 9 6 3 1 W E S T 1 9 4 T H P L A C E

B. COUNTY NAME
W I L L

C. CITY OR TOWN
6 M O K E N A

D. STATE
I L

E. ZIP CODE
6 0 4 4 8

F. COUNTY CODE (if known)

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
7 3 9 9 Business Services N.E.C.										5 1 7 2 Petroleum Product Wholesalers									
C. THIRD										D. FOURTH									
(specify)										(specify)									
5 0 8 4 Industrial Machinery & Equipment										5 0 1 3 Automotive Parts and Supplies									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?	
S A F E T Y K L E E N C O R P E L G I N I L																														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Other", specify.)																				D. PHONE (area code & no.)											
F - FEDERAL M - PUBLIC (other than federal or state) S - STATE O - OTHER (specify) P - PRIVATE																				3 1 2 6 9 7 8 4 6 0											
E. STREET OR P.O. BOX																															
6 5 5 B I G T I M B E R R O A D																															
F. CITY OR TOWN																				G. STATE		H. ZIP CODE		IX. INDIAN LAND							
E L G I N I L																				I L		6 0 1 2 0		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This location is primarily a local sales/service office and warehouse for Safety-Kleen products consisting of small parts cleaning equipment, solvent and allied products such as hand cleaner, floor cleaner, parts washing brushes, etc. Two types of parts cleaning solvent are used with our equipment. All spent solvents of both types are collected for recycling and reuse. The equipment and solvent is leased to our customers and at a regular interval clean solvent is exchanged for spent solvent and the latter is temporarily stored at this location until it is transported to our solvent plants for recycling by distillation. One of the two solvents is listed as a "hazardous waste from nonspecific sources" and is usually stored for less than 30 days in partially filled 16 gallon drums in the warehouse. For that reason this facility is classified as a storage facility.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ALLAN A. MANTEUFFEL, VICE PRESIDENT TECHNICAL SERVICES	<i>Allan A. Manteuffel</i>	November 18, 1980

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																													

C																													
DUP																													
T/A C																													
1																													
1 2 13 14 15																													
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY												
		1. AMOUNT (specify)									2. UNIT OF MEASURE (enter code)	1. AMOUNT						2. UNIT OF MEASURE (enter code)											
		16	17	18	19	20	21	22	23	24	25	26	27	28		16	17	18	19	20	21	22	23	24	25	26	27	28	
X-1	S 0 2	600						G	5																				
X-2	T 0 3	20						E	6																				
1	S 0 1	2000						G	7																				
2									8																				
3									9																				
4									10																				
		16	17	18	19	20	21	22	23	24	25	26	27	28		16	17	18	19	20	21	22	23	24	25	26	27	28	

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "104"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
S W I L D 0 0 0 6 6 5 8 5 1 T/A C 1													S W DUP T/A C 2 DUP												

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 2	50	T	S 0 1	
2	F 0 0 4				Included with above
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

[illegible]

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility (*see instructions for more detail*).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)

41	32	42N
65 66	67 68	69 70

LONGITUDE (degrees, minutes, & seconds)

0	8	7	5	1	0	9	W
---	---	---	---	---	---	---	---

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.


B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)																				
C E	AMERICAN NATIONAL BANK AS TRUSTEE UNDER TRUST NO. 38921																			31	2	3	7	1	21	50				
15	15											55	56	-	58	59	-	61	62	-	65									
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE								
C F	2400 W. SIBLEY BLVD.										C G	POSEN										I	L	6	0	4	6	9		
15	16											45	15	16											30	31	32	47	-	51

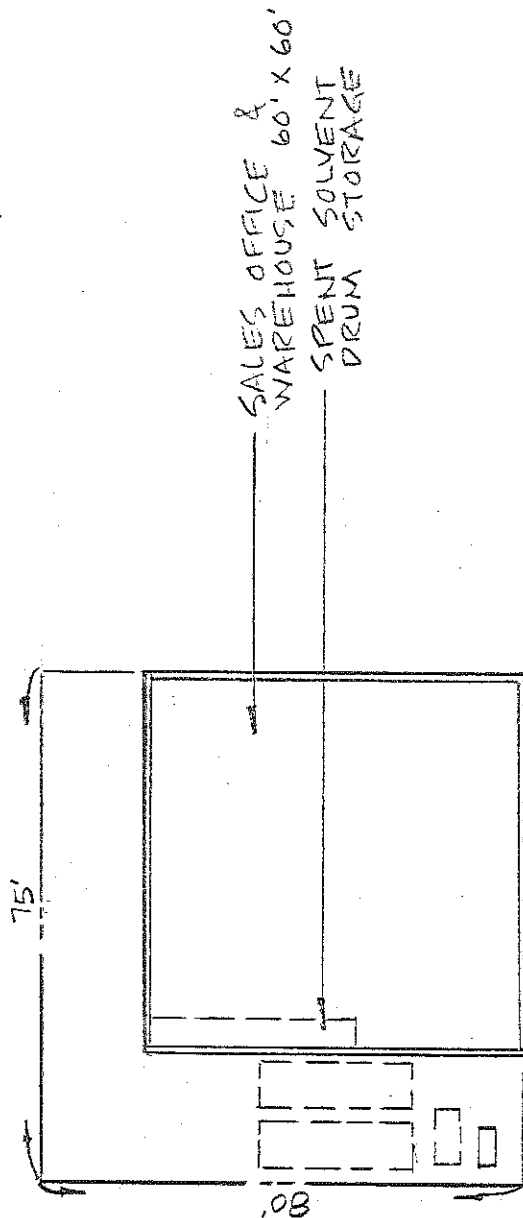
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Sheldon F. Simborg, Agent & Beneficiary of Trust #38921	<i>Sheldon F. Simborg</i>	1/16/81

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p>A. NAME (print or type)</p> <p>ALLAN A. MANTEUFFEL</p> <p>VICE PRESIDENT, TECHNICAL SERVICES</p>	<p>B. SIGNATURE</p> 	<p>C. DATE SIGNED</p> <p>November 18, 1980</p>
---	--	--

V. FACILITY DRAWING (see page 4)

194th PLACE

Gr safety-kleen corp.

655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

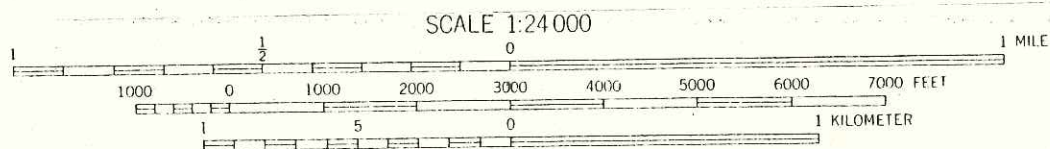
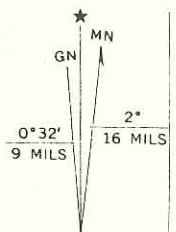
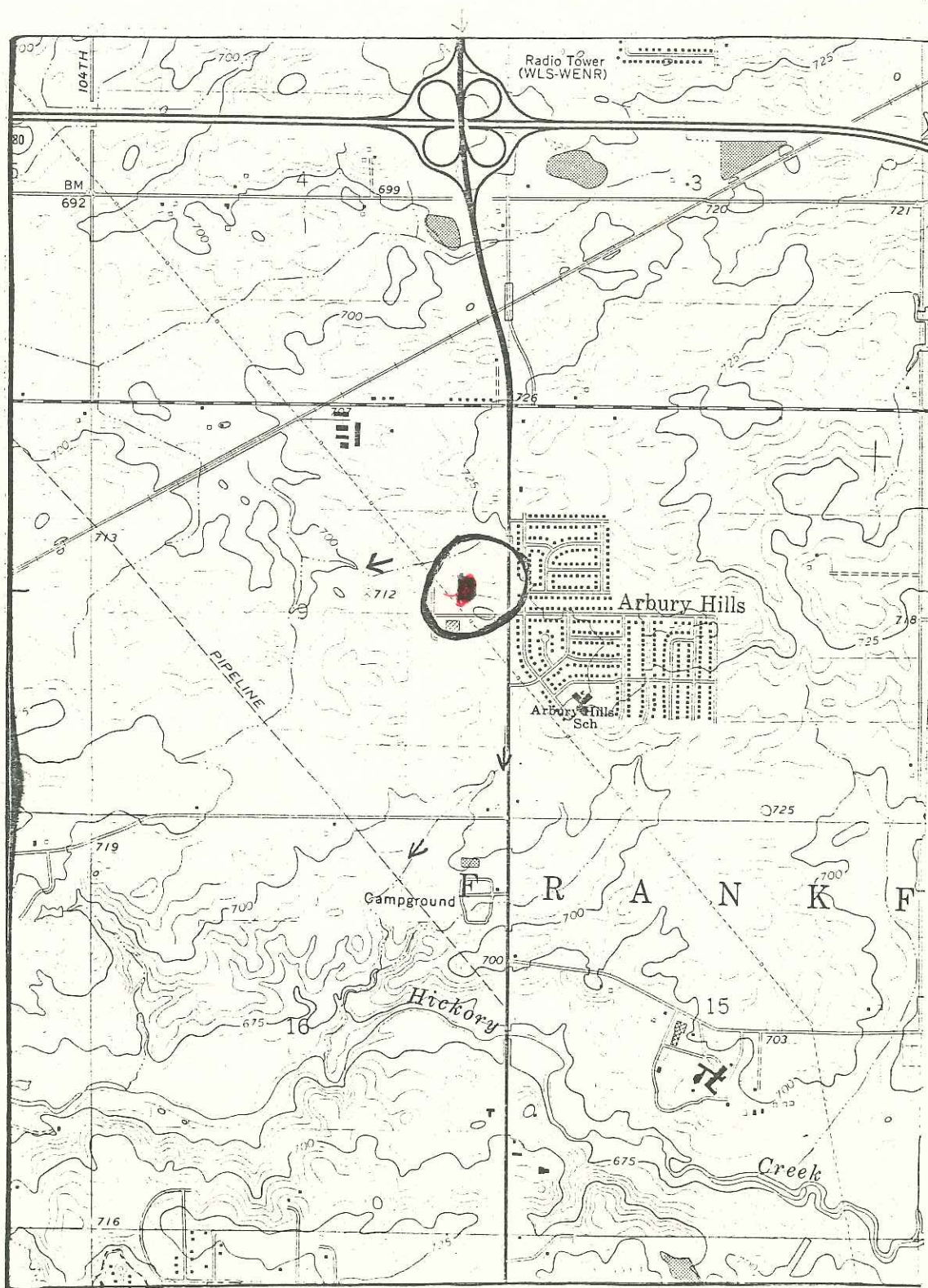
PHONE 312/697-8460

9631 W. 194th PLACE, MOKENA
IL. 60448 (5-034-94)

SCALE 1" = 30' - 0"
OWN WLU DATE 11-13-80

TINLEY PARK, ILL.
N4130—W8745/7.5

1963
PHOTOREVISED 1973
AMS 3467 III SE—SERIES V863





November 18, 1980

JS 80-128

EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, IL 60680

Subject: Hazardous Waste Permit Applications

Attached is a photocopy of the Hazardous Waste Permit Application for the facility identified therein. Item 9 on Form 3, "Owner Certification", is unsigned on this photocopy because the original application has been sent to the Owner (landlord) and has not yet been returned to us. The signed original will be forwarded to you after we receive it from the Owner.

If the attached application has no EPA I.D. Number, it is because we have not yet received one from your office. As we were instructed by your office to do in this situation, we are submitting the application without the I.D. Number.

Our notification form was mailed to you on August 14, 1980 and we inadvertently omitted to mark "X" in box Number 1. Ignitable under Item IX. E. Please enter an X for us in that box.

We hope this approach meets with your approval.

Sincerely,

JEFF SIMPSON
Environmental Engineer

JS/keg

NOV 19 1980

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER F LD000665851 T/A C D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY

1 **SKIP** SAFETY KLEEN CORP. 5-034-05

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	SIMPSON JEFFREY ENVIR. ENGINEER	312	697 8460

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3	655 BIG TIMBER ROAD
B. CITY OR TOWN	
4	ELGIN
C. STATE	D. ZIP CODE
IL	60120

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		
5	9631 WEST 194TH PLACE	
B. COUNTY NAME		
WILL		
C. CITY OR TOWN		
6	MOKENA	
D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
IL	60448	197

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
7 3 9 9 Business Services N.E.C.										5 1 7 2 Petroleum Product Wholesalers									
C. THIRD										D. FOURTH									
(specify)										(specify)									
5 0 8 4 Industrial Machinery & Equipment										5 0 1 3 Automotive Parts & Accessories									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?	
SAFETY-KLEEN CORP ELGIN ILL																														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)																				D. PHONE (area code & no.)											
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										A 8 1 2 6 9 7 8 4 6 0											
E. STREET OR P.O. BOX																															
6 5 5 BIG TIMBER ROAD																															
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND						
ELGIN															ILL					6 0 1 2 0					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This location is primarily a local sales/service office and warehouse for Safety-Kleen products consisting of small parts cleaning equipment, solvent and allied products such as hand cleaner, floor cleaner, parts washing brushes, etc. Two types of parts cleaning solvent are used with our equipment. All spent solvents of both types are collected for recycling and reuse. The equipment and solvent is leased to our customers and at a regular interval clean solvent is exchanged for spent solvent and the latter is temporarily stored at this location until it is transported to our solvent plants for recycling by distillation. One of the two solvents is listed as a "hazardous waste from nonspecific sources" and is usually stored for less than 30 days in partially filled 16 gallon drums in the warehouse. For that reason this facility is classified as a storage facility.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
ALLAN A. MANTEUFFEL, VICE PRESIDENT TECHNICAL SERVICES																				November 18, 1980									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																													

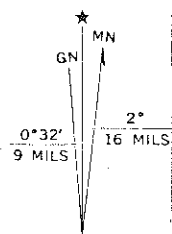
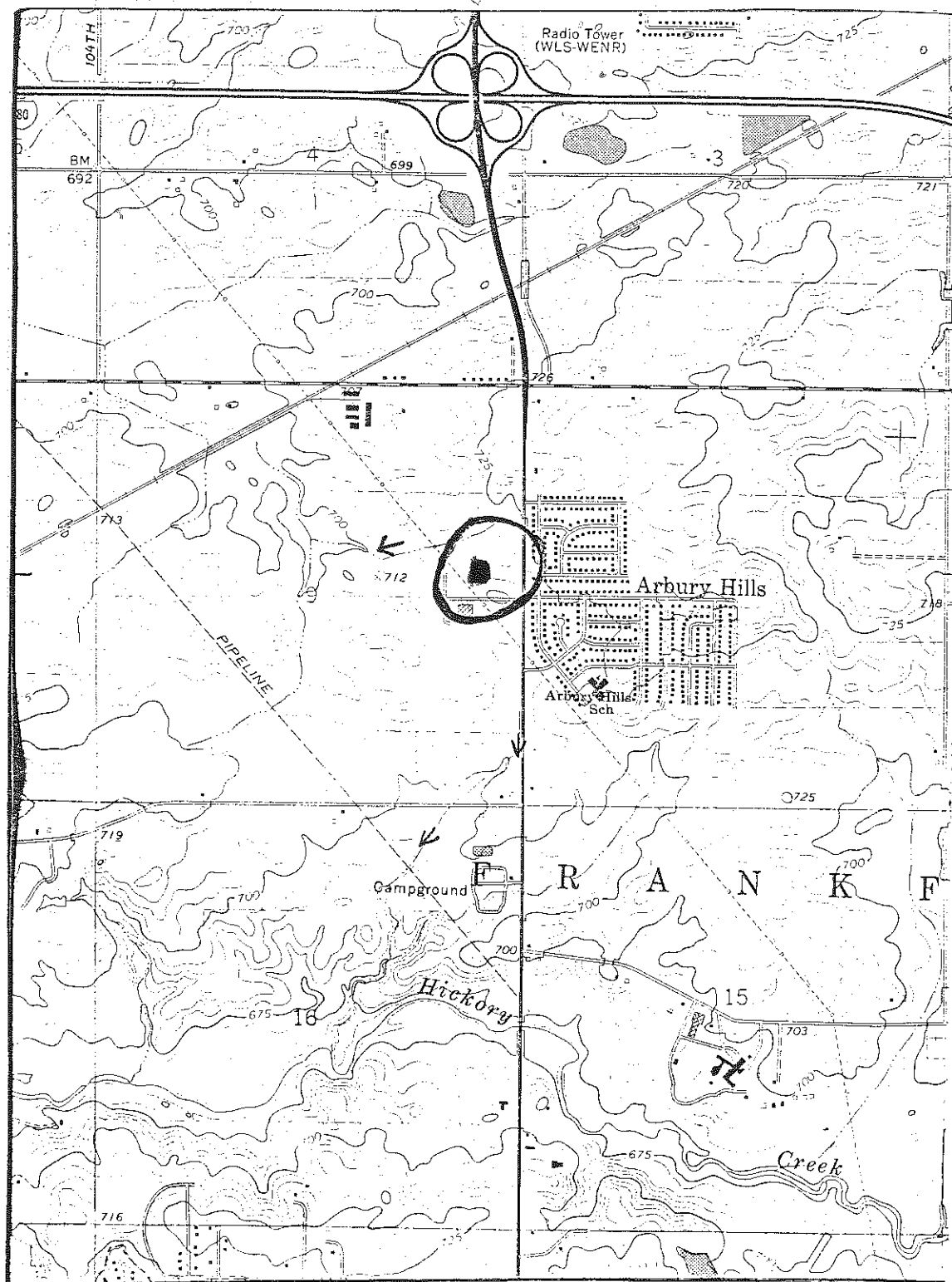
TINLEY PARK, ILL.

N4130—W8745/7.5

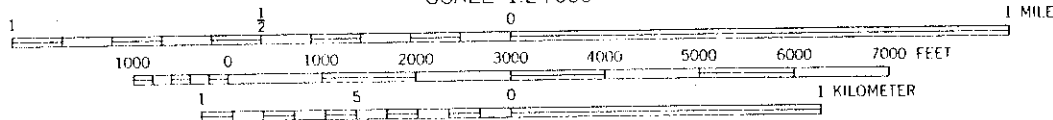
1963

PHOTOREVISED 1973

AMS 3467 III SE—SERIES V863



SCALE 1:24 000



[illegible]

COMMENTS

YR.	MO.	DAY

☐ 2. FACILITY HAS A RCRA PERMIT

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>			<u>Treatment:</u>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<u>Disposal:</u>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP										T/A/C								
										I								
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	
		1. AMOUNT (specify)						2. UNIT OF MEASURE (enter code)			1. AMOUNT						2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600						G	5									
X-2	T 0 3	20						E	6									
1	S 0 1	2000						G	7									
2									8									
3									9									
4									10									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODE OR FOR DESCRIBING OTHER PROCESSES (code 04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

580

Continued from page 2.

NOTE: Photocopy this page before completing it.

More than 25 wastes to list.

EPA Approved OMB No. 150-830604

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W										DUP									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
1	F002	50	T	S	0	1							
2	F004												
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

[illegible]

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)

41	32	42N
65 68	87 68	69 - 71

LONGITUDE (degrees, minutes, & seconds)

0	8	7	5	1	0	9	W
77	-	74	75	76	77	-	70

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

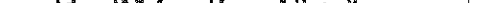
1. NAME OF FACILITY'S LEGAL OWNER2. PHONE NO. (area code & no.)[illegible]

3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.	6. ZIP CODE			
C		C		I	L			
F	2400 W. SIBLEY BLVD.	G	POSEN			6	0	
13	15	15	15	15	15	15	15	

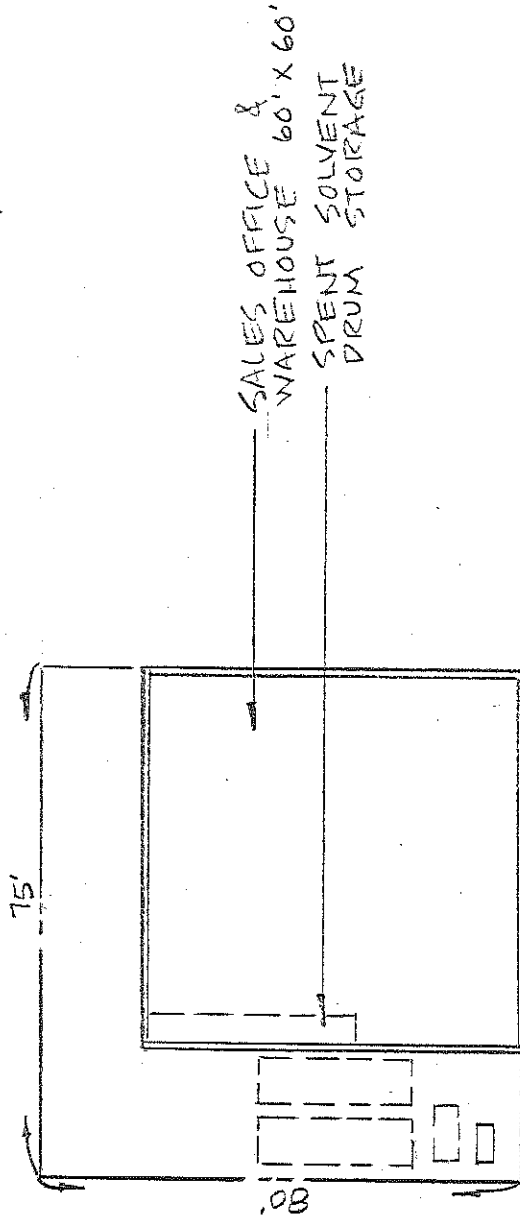
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME OF THE PARTY OR ALLAN A. MANTEUFFEL VICE PRESIDENT, TECHNICAL SERVICES	B. SIGNATURE 	C. DATE SIGNED November 18, 1980
---	--	-------------------------------------

V. FACILITY DRAWING (see page 4)

194th PLACE
Safety-Kleen Corp.

655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

PHONE 312/697-8460

9631 W. 194th PLACE, MOKENA
IL., 60448 (5-034-94)

SCALE 1" = 30' - 0"

OWN	DATE
WLU	11-13-80



not on P.O.
INC. Phase I

March 13, 1981
JES 81-178

EPA Region V
RCRA Activities
P.O. Box 8761
Chicago, IL 60680

ILD000665851

OK

Re: Hazardous Waste Permit Application

Dear Sir:

Attached is the completed and corrected permit application for the facility identified therein. A photocopy of this permit application without the owner certification was submitted on November 18, 1980. We have since obtained the owners signature as required by the regulations. We have also made any changes or corrections on the application that were requested by your office.

Should you have any questions regarding Safety-Kleen's permit application or operations, please contact me.

Sincerely,

Jeffrey E. Simpson
Environmental Engineer

JES:kf
Attachment

SUB./PART A

APR 06 1981

safety-kleen corp



PHOTO'S 11/80

5-034-05

PART A AMENDMENTS

Fac. Name SAFETY KLEEN I.D. # ILD000665851

Application

Date
Received

Date of
ADP Input

Filed (check)

11/19/80

✓

✓

Amendments

Date
Received

Date of Tech
Staff Approval (if
necessary)

Date of
ADP Input

Filed (check)

7/4/81

✓

✓

INSPECTION LOG SHEET FOR: Daily Inspection of STORAGE TANK SYSTEM

INSPECTOR'S NAME/TITLE: _____

INSPECTOR'S SIGNATURE: _____

	MON	TUES	WED	THURS	FRI
DATE: (M/D/Y)	_____	_____	_____	_____	_____
TIME:	_____	_____	_____	_____	_____

STORAGE TANKS:
(TANKS MUST NEVER BE MORE THAN 95% FULL!)

Volume in Product Tank (in./gal.)

(in./

Volume in Second Product Tank gal.)

Volume in Waste Tank (in./gal.)

Volume in Second Waste Tank (in./gal.)

Tank Exterior

A^{*} N A N A N A N A N

If 'N', circle appropriate problem: rusty or loose anchoring, lack of grounding, wet spots, discoloration, leaks, distortion, other: _____

High Level Alarms

A N A N A N A N A N

If 'N', circle appropriate problem: malfunctioning "Power On" light, malfunctioning siren/strobe light, other: _____

Volume Gauges

A N A N A N A N A N

If 'N', circle appropriate problem: disconnected, sticking, condensation, other: _____

CONTAINMENT AREA (Tank Dike):

Bottom and Walls

A N A N A N A N A N

If 'N', circle appropriate problem: cracks, debris in dike, open drums in dike, ponding/wet spots/stains, deterioration, displacement, leaks, other: _____

Self-closing Drain Valve

A N A N A N A N A N

If 'N', circle appropriate problem: open, leaks, other: _____

Rigid Piping and Supports

A N A N A N A N A N

If 'N', circle appropriate problem: distortion, corrosion, paint failure, leaks, other: _____

OBSERVATIONS, COMMENTS, DATE AND NATURE OF ANY REPAIRS: _____

*A = ACCEPTABLE

N = NOT ACCEPTABLE

(IF AN ITEM IS NOT APPLICABLE, ENTER 'N/A' AFTER IT AND DRAW A LINE THROUGH THE 'ACCEPTABLE/NOT ACCEPTABLE' ROW)

INSPECTION LOG SHEET FOR: Daily Inspection of STORAGE TANK SYSTEM

INSPECTOR'S NAME/TITLE: _____

INSPECTOR'S SIGNATURE: _____

	MON	TUES	WED	THURS	FRI
--	-----	------	-----	-------	-----

TRANSFER PUMPS AND HOSES

Pump Seals	A ^o N	A ^o N	A N	A N	A N
------------	------------------	------------------	-----	-----	-----

If 'N', circle appropriate problem: leaks, other: _____

Motors	A N	A N	A N	A N	A N
--------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: overheating, other: _____

Fittings	A N	A N	A N	A N	A N
----------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: leaks, other: _____

Valves	A N	A N	A N	A N	A N
--------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: leaks, sticking, other: _____

Hose Connections and Fittings	A N	A N	A N	A N	A N
-------------------------------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: cracked, loose, leaks, other: _____

Hose Body	A N	A N	A N	A N	A N
-----------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: crushed, cracked, thin spots, leaks, other: _____

RETURN AND FILL STATION

Wet Dumpster	A N	A N	A N	A N	A N
--------------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: excess sediment buildup, leaks, rust, split seams, distortion, deterioration, excess debris, other: _____

Secondary Containment	A N	A N	A N	A N	A N
-----------------------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: excess sediment/liquid, leaks, deterioration, distortion, excess debris, other: _____

Loading/Unloading Area	A N	A N	A N	A N	A N
------------------------	-----	-----	-----	-----	-----

If 'N', circle appropriate problem: cracks, ponding/wet spots, deterioration, other: _____

OBSERVATIONS, COMMENTS, DATE AND NATURE OF ANY REPAIRS: _____

°A = ACCEPTABLE

N = NOT ACCEPTABLE

(IF AN ITEM IS NOT APPLICABLE, ENTER 'N/A' AFTER IT AND DRAW A LINE THROUGH THE 'ACCEPTABLE/NOT ACCEPTABLE' ROW)

DESCRIPTION OF AREA (e.g., metal shelter, northeast corner of warehouse, etc.): _____

PERMITTED STORAGE VOLUME: _____

INSPECTOR'S NAME/TITLE: _____

INSPECTOR'S SIGNATURE: _____

	MON	TUES	WED	THURS	FRI
DATE: (M/D/Y)	_____	_____	_____	_____	_____
TIME:	_____	_____	_____	_____	_____
CONTAINERS:					

Number/Volume^a of M.S. Waste Drums:

Number/Volume of I.C. Waste Drums:

Number/Volume of Dry Cleaning Waste Drums:

Number/Volume of Dry Cleaning Waste Boxes:

Number/Volume of Paint Waste Drums:

Number/Volume of Paint Waste Pails:

TOTAL VOLUME (IN GALLONS):

A**N	A N	A N	A N	A N

If 'N', circle appropriate problem: Total volume exceeds the amount for which the facility is permitted, other: _____

Condition of Drums/Boxes A N A N A N A N A N

If 'N', circle appropriate problem: missing or loose lids, missing, incorrect or incomplete labels, rust, leaks, distortion, other: _____

Stacking/Placement/Aisle Space A N A N A N A N A N

If 'N', circle appropriate problem: different from Part B Floor Plan, containers not on pallets, unstable stacks, other: _____

CONTAINMENT:

Curbing, Floor and Sump(s) A N A N A N A N A N

If 'N', circle appropriate problem: ponding/wet spots, deterioration (cracks, gaps, etc.), displacement, leaks, other: _____

Loading/Unloading Area A N A N A N A N A N

If 'N', circle appropriate problem: cracks, deterioration, ponding/wet spots, other: _____

OBSERVATIONS, COMMENTS, DATE AND NATURE OF ANY REPAIRS: _____

^a To calculate total volumes, use the following: M.S., I.C., D.C. and paint waste drums hold 16 gallons; D.C. boxes hold 10 gallons and paint waste pails hold 5 gallons.

**A = ACCEPTABLE

N = NOT ACCEPTABLE

(IF AN ITEM IS NOT APPLICABLE, ENTER 'N/A' AFTER IT AND DRAW A LINE THROUGH THE 'ACCEPTABLE/NOT ACCEPTABLE' ROW)

INSPECTOR'S NAME/TITLE: _____

INSPECTOR'S SIGNATURE: _____

DATE OF INSPECTION (Month/Day/Year): _____

TIME OF INSPECTION: _____

SAFETY AND EMERGENCY EQUIPMENT

Fire Extinguishers:

A N

If 'N', circle appropriate problem: overdue inspection, inadequately
charged, inaccessible, other: _____

Eyewash and Shower:

A N

If 'N', circle appropriate problem: disconnected malfunctioning valves, inadequate
pressure, inaccessible, malfunctioning drain leaking, other: _____

First Aid Kit:

A N

If 'N', circle appropriate problem: inadequate inventory, other: _____

Spill Cleanup Equipment:

A N

If 'N', circle appropriate problem: inadequate supply of sorbent, towels and/or clay,
inadequate supply of shovels, mops, empty drums, wet/dry vacuum, other: _____

Personal Protection Equipment:

A N

If 'N', circle appropriate problem: inadequate supply of aprons, gloves, glasses, respirator,
other: _____

SECURITY DEVICES:

Gates and Locks:

A N

If 'N', circle appropriate problem: sticking, corrosion, lack of warning signs, fit,
other: _____

Fence:

A N

If 'N', circle appropriate problem: broken ties, corrosion, holes, distortion, other: _____

MISCELLANEOUS EQUIPMENT:

Dry Dumpster:

A N

If 'N', circle appropriate problem: rust, corrosion, split seams, distortion,
deterioration, excess debris, liquids in unit, other: _____OBSERVATIONS, COMMENTS, DATE AND NATURE OF ANY REPAIRS: _____

*A = ACCEPTABLE

N = NOT ACCEPTABLE

(IF AN ITEM IS NOT APPLICABLE, ENTER 'N/A' AFTER IT AND DRAW A LINE THROUGH THE 'ACCEPTABLE/NOT
ACCEPTABLE' ROW)

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. National Union Fire Insurance Company, (the "Insurer"), of Pittsburgh,
Pennsylvania hereby certifies that it has issued liability insurance covering bodily injury and property damage
to Safety-Kleen Corp., (the "insured"), of 777 Big Timber Road,
Elgin, IL 60123 in connection with the insured's obligation to demonstrate financial responsibility under 35 Illinois
Administrative Code Parts 724.247 or 725.247. The coverage applies at: **SEE ATTACHED LIST.**

USEPA I.D. No.
(1)

Sudden
Accidental
Occurrences
(2)

~~Nonsudden~~
~~Accidental~~
~~Occurrences~~
(3)

~~Sudden and~~
~~Nonsudden~~
~~Accidental~~
~~Occurrences~~
(4)

Name

Address

City

USEPA I.D. No.

Name

Address

City

Please attach a separate page if more space is needed for all facilities.

The limits of liability are \$ 2 million each occurrence and \$ 2 million annual aggregate exclusive of
(9) legal defense costs. The coverage is provided under policy number GLA5813574 issued on October 1, 1987
(10) The effective date of said policy is October 1, 1987
(11) (12)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 35 Illinois Administrative Code 724.247(f) or 725.247.
- (c) Whenever requested by the Director of the Illinois Environmental Protection Agency (IEPA), the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the IEPA Director.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the IEPA Director.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Signature

Bernard M. Dunne

Typed name

Bernard M. Dunne

Title

Vice President

Authorized Representative of

National Union Fire Insurance Company

Address of Representative

222 South Riverside Plaza, Chicago, IL 60606

ILD 000805929
Safety-Kleen Corp. (5-034-03)
306 Campus Drive
Arlington Hts., IL 60004

ILD 981097819
Safety-Kleen Corp. (5-160-02)
20 Tucker Drive
Caseyville, IL 62232

ILD 005450697
Safety-Kleen Corp. (Chicago Recycle Center)
1445 W. 42nd Street
Chicago, IL 60609

ILD 005474143
Phillips Mfg. Co.
7334 N. Clark Street
Chicago, IL 60626

ILD 980613913 and
ILD 000781614
Safety-Kleen Envirosystems - Dolton
633 E. 138th Street
Dolton, IL 60419

ILD 000805911
Safety-Kleen Corp. (Elgin Recycle Center)
1500 E. Villa Street
Elgin, IL 60120

ILD 000665869
Safety-Kleen Corp. (5-034-04)
412 Domenic Court
Franklin Park, IL 60131

ILD 000665851
Safety-Kleen Corp. (5-034-05)
9631 W. 194th Place
Mokena, IL 60448

ILD 093862811
Safety-Kleen Corp. (5-136-01)
RR #3
Pekin, IL 61554

ILD 079749073
Safety-Kleen Corp. (5-034-01)
728 Morse Avenue
Schaumburg, IL 60193

ILD 981088388
Safety-Kleen Corp. (5-033-01)
500 Anthony Drive
Urbana, IL 61801

The Northern Trust Company
International Department

PO Box 92921
125 South Wacker Drive
Chicago, Illinois 60675
TELEPHONE: (312) 630-6000
S.W.I.F.T. ADDRESS: CNORUS44

IRREVOCABLE STAND-BY LETTER OF CREDIT

RELEASED
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

DEAR SIR OR MADAM:


WE HEREBY ESTABLISH OUR IRREVOCABLE STAND-BY LETTER OF CREDIT NO. 0229348 IN YOUR FAVOR, AT THE REQUEST AND FOR THE ACCOUNT OF SAFETY-KLEEN CORP., 777 BIG TIMBER ROAD, ELGIN, ILLINOIS 60120 UP TO THE AGGREGATE AMOUNT OF ONE MILLION ONE HUNDRED THIRTY FIVE THOUSAND AND 00/100 (\$1,135,000.00) AVAILABLE UPON PRESENTATION BY YOU OF:

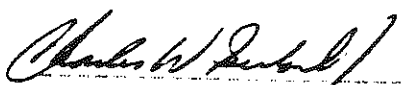
(1) YOUR SIGHT DRAFTS, BEARING REFERENCE TO THIS LETTER OF CREDIT NO. 0229348, AND

(2) YOUR SIGNED STATEMENT READING AS FOLLOWS: "I CERTIFY THAT THE AMOUNT OF THE DRAFT IS PAYABLE PURSUANT TO REGULATIONS ISSUED UNDER AUTHORITY OF THE ENVIRONMENTAL PROTECTION ACT, ILL. REV. STAT. 1961/ CH 115 1/2, PAR. 1001 ET SEQ., AS AMENDED."

THIS LETTER OF CREDIT IS EFFECTIVE AS OF APRIL 1, 1988 AND SHALL EXPIRE ON APRIL 27, 1989 BUT SUCH EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED FOR A PERIOD OF ONE YEAR ON APRIL 27, 1989 AND ON EACH SUCCESSIVE EXPIRATION DATE, UNLESS AT LEAST 120 DAYS BEFORE THE CURRENT EXPIRATION DATE, WE NOTIFY BOTH YOU AND SAFETY-KLEEN CORP. BY CERTIFIED MAIL THAT WE HAVE DECIDED NOT TO EXTEND THIS LETTER OF CREDIT BEYOND THE CURRENT EXPIRATION DATE. IN THE EVENT YOU ARE SO NOTIFIED, ANY UNUSED PORTION OF THE CREDIT SHALL BE AVAILABLE UPON PRESENTATION TO US OF YOUR SIGHT DRAFT FOR 120 DAYS AFTER THE DATE OF RECEIPT BY BOTH YOU AND SAFETY-KLEEN CORP., AS SHOWN ON THE SIGNED RETURN RECEIPTS.

WHENEVER THIS LETTER OF CREDIT IS DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS CREDIT, WE SHALL DULY HONOR SUCH DRAFT UPON PRESENTATION TO US, AND WE SHALL DEPOSIT THE AMOUNT OF EACH DRAFT DIRECTLY INTO THE STAND-BY TRUST FUND OF SAFETY-KLEEN CORP. IN ACCORDANCE WITH YOUR INSTRUCTIONS.


GOVARDHAN P. PATEL
VICE-PRESIDENT


CHARLES W. GERLACH, JR.
PROD-CASHER

DATE APRIL 27, 1988

THE NORTHERN TRUST COMPANY
125 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60675

THIS CREDIT IS SUBJECT TO THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS, 1993 REVISION, I.C.D.C., PUBLICATION NO. 400.

TRUST AGREEMENT

Trust Fund Number _____

Trust Agreement, the "Agreement," entered into as of April 28, 1988 by and between Safety Kleen Corporation
Wisconsin Corporation, a _____, the

"Grantor," and UnibancTrust Company, an Illinois Banking
Corporation, the "Trustee."

Whereas, the Illinois Pollution Control Board, "IPCB," has established certain regulations applicable to the Grantor, requiring that an owner or operator of a hazardous waste management facility shall provide assurance that funds will be available when needed for closure and/or post-closure care of the facility.

Whereas, the Grantor has elected to establish a trust to provide all or part of such financial assurance for the facilities identified herein.

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee.

Now, Therefore, the Grantor and the Trustee agree as follows:

Section 1. Definitions. As used in this Agreement:

- (a) The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.
- (b) The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

Section 2. Identification of Facilities and Cost Estimates. This Agreement pertains to the facilities and cost estimates identified on attached Schedule A (on Schedule A, for each facility list the EPA Identification Number, name, address, and the current closure and/or post-closure cost estimates, or portions thereof, for which financial assurance is demonstrated by this Agreement).

Section 3. Establishment of Fund. The Grantor and the Trustee hereby establish a trust fund, the "Fund," for the benefit of the Illinois Environmental Protection Agency (IEPA). The Grantor and the Trustee intend that no other third party have access to the Fund except as herein provided. The Fund, established initially as consisting of the property, which is acceptable to the Trustee, described in Schedule B attached hereto. Such property and any other property subsequently transferred to the Trustee is referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor, any payments necessary to discharge any liabilities of the Grantor established by IEPA.

Section 4. Payment for Closure and Post-Closure Care. The Trustee shall make payments from the Fund as the IEPA Director shall direct, in writing, to provide for the payment of the costs of closure and/or post-closure care of the facilities covered by this Agreement. The Trustee shall reimburse the Grantor or other persons as specified by the IEPA Director from the Fund for closure and post-closure expenditures in such amounts as the IEPA Director shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the IEPA Director specifies in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

Section 5. Payments Comprising the Fund. Payments made to the Trustee for the Fund shall consist of cash or securities acceptable to the Trustee.

Section 6. Trustee Management. The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiary and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that;

- (i) Securities or other obligations of the Grantor, or any other owner or operator of the facilities, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2.(a), shall not be acquired or held, unless they are securities or other obligations of the Federal or a State government;
- (ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the Federal or State government; and
- (iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1981, Chapter 111 1/2, Section 2110, that this information be submitted to the Agency by the owner or operator of a hazardous waste storage, treatment or disposal site. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information by any person may constitute a Class 4 felony, and may also carry a fine for the first offense of not to exceed \$25,000 per day. This form has been approved by the Forms Management Center

Section 7. **Commingling and Investment.** The Trustee is expressly authorized in its discretion:

- a) To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of other trusts participating therein; and
- b) To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. § 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

Section 8. **Express Powers of Trustee.** Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

- (a) To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;
- (b) To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- (c) To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depository even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depository with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;
- (d) To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the Federal or State government; and
- (e) To compromise or otherwise adjust all claims in favor of or against the Fund.

Section 9. **Taxes and Expenses.** All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

Section 10. **Annual Valuation.** The Trustee shall annually, at least 30 days prior to the anniversary date of establishment of the Fund, furnish to the Grantor and to the IEPA Director a statement confirming the value of the Trust. Any securities in the Fund shall be valued at market value as of no more than 60 days prior to the anniversary date of establishment of the Fund. The failure of the Grantor to object in writing to the Trustee within 90 days after the statement has been furnished to the Grantor and the IEPA Director shall constitute a conclusively binding assent by the Grantor, barring the Grantor from asserting any claim or liability against the Trustee with respect to matters disclosed in the statement.

Section 11. **Advice of Counsel.** The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any question arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

Section 12. **Trustee Compensation.** The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

Section 13. **Successor Trustee.** The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee's acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instructions. The successor trustee shall specify the date on which it assumes administration of the trust in a writing sent to the Grantor, the IEPA Director, and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of the acts of contemplated by this Section shall be paid as provided in Section 9.

Section 14. **Instructions to the Trustee.** All orders, requests, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Exhibit A or such other designees as the Grantor may designate by amendment to Exhibit A. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests, and instructions by the IEPA Director to the Trustee shall be in writing, signed by the IEPA Director or his designees, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or IEPA hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or IEPA, except as provided for herein.

Section 15. **Notice of Nonpayment.** The Trustee shall notify the Grantor and the IEPA Director, by certified mail within 10 days following the expiration of the 30-day period after the anniversary of the establishment of the Trust, if no payment is received from the Grantor during that period. After the payment period is completed, the Trustee shall not be required to send a notice of nonpayment.

Section 16. **Amendment of Agreement.** This Agreement may be amended by an instrument in writing executed by the Grantor, the Trustee, and the IEPA Director, or by the Trustee and the IEPA Director if the Grantor ceases to exist.

Section 17. Termination and Continuation. The right of the parties to amend this Agreement is provided in Section 16. This Agreement shall be irrevocable and shall continue until the termination of the Agreement by the Grantor, the Trustee, and the IEPA Director or by the Trustee and the IEPA Director if the Grantor ceases to exist. Upon termination of the Trust all remaining trust property, less than trust administrative expenses, shall be delivered to the Grantor.

Section 18. Immunity and Indemnification. The Trustee shall not incur personal liability of any nature in connection with any act or omission made in good faith in the administration of this Trust, or in carrying out any directions by the Grantor or the IEPA Director issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor or from the Trust Fund, or both, from and against any personal liability which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

Section 19. Choice of Law. This Agreement shall be administered, construed, and enforced according to the laws of the State of Illinois.

Section 20. Interpretation. As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each Section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness Whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals to be hereunto affixed and attested as of the date first above written.

Safety Kleen Corporation

Attest

Signature of Grantor

Typed Name Laurence M. Rudnick

Title Treasurer

Seal

Attest

Signature of Grantor

Typed Name Robert W. Willmschen

Title Vice President Finance/Administratio

Seal

UnibancTrust Company

Attest

Signature of Trustee

Typed Name Bonita L. Hoefler

Title Vice President

Seal

Attest

Signature of Trustee

Typed Name John H. Schmeltzer

Title Corporate Trust Officer

Seal

CERTIFICATION OF ACKNOWLEDGEMENT

State of Illinois

(1)

County of Kane

(2)

The foregoing instrument was acknowledged before me this April 28, 1988 by Laurence M. Rudnick
of Safety-Kleen Corp. a Treasurer on behalf of the
corporation.

Patricia S. Johnson

(3)

Signature of Notary Public

Seal



SCHEDULE A
CLOSURE COST ESTIMATES

<u>STATE OF ILLINOIS</u>	<u>CLOSURE AMOUNT</u>
ILD 000805929 (5-034-03) 306 Campus Drive Arlington Heights, IL 60004	\$ 50,000
ILD 000805911 Elgin Recycle Center 1500 E. Villa Street Elgin, IL 60120	\$ 225,000
ILD 981097819 (5-160-02) 20 Tucker Drive Caseyville, IL 62232	\$ 165,000
ILD 005450697 Chicago Recycle Center 1445 W. 42nd Street Chicago, IL 60609	\$ 200,000
ILD 980613913 Safety-Kleen Envirosystems, Inc. 633 E. 138th St. Dolton, IL 60419	\$ 141,600
ILD 000665869 (5-034-04) 412 Domenic Court Franklin Park, IL 60131	\$ 50,000
ILD 000665851 (5-034-05) 9631 West 194th Place Mokena, IL 60448	\$ 50,000
ILD 093862811 (5-136-01) RR #3 Pekin, IL 61554	\$ 50,000
ILD 079749073 (5-034-01) 728 Morse Avenue Schaumburg, IL 60193	\$ 50,000
ILD 981960610 (5-034-01) E. North Ave. Streamwood, IL 60103	\$ 50,000
ILD 981088388 (5-033-01) 500 Anthony Drive Urbana, IL 61801	\$ 50,000
	<u>\$1,081,600</u>

TRUST FUND EXHIBIT A

The following is a list of all persons who are authorized by the Grantor to give orders, requests, and instructions to the Trustee:

Safety-Kleen Corp. by:
Laurence M. Rudnick, Treasurer

or,

Scott E. Fore, Vice President